



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENRY COUNTY MEMORIAL HOSPITAL

City of Hospital: New Castle

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Diane York

Email Address: yorkd@hcmhcares.org

Medicare Provider Number: 15-0030

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60042871
Outpatient Patient Service Revenue	\$106892922
Total Gross Patient Service Revenue	\$166935793

2. Deductions From Revenue

Contractual Allowance	\$86756917
Other Deductions	\$3357678
Total Deductions	\$90114595

3. Total Operating Revenue

Net Patient Service Revenue	\$76821198
Other Operating Revenue	\$3385685
Total Operating Revenue	\$80206883

4. Operating Expenses

Salaries and Wages	\$24961743	Employee Benefits	\$7130301
Depreciation and Amortization	\$4397997	Interest Expense	\$478692
Bad Debt	\$6590829	Other Expenses	\$26444211
Total Operating Expenses	\$70003773		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10203110	Total Assets	\$114872642
Net Non-operating Gains over Loss	\$2434011	Total Liabilities	\$26646611
Total Net Gains	\$12637121		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$77075486	\$39437920	\$37637566
Medicaid	\$24795990	\$-531710	\$25327700
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$65064317	\$47850707	\$17213610
Total	\$166935793	\$86756917	\$80178876

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$57096	\$57096	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$493210	\$-493210
Hospital Patients	\$0	\$1146948	\$-1146948
Community Education	\$1203	\$169722	\$-168519

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Number of Medical Professionals Trained	281
Number of Hospital Patients Educated	97581
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$3357678
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1106963	
HCI Payments	\$0		
Subtotal	\$0	\$1106963	\$-1106963
Medicaid Shortfalls	\$2920934	\$8174767	
Subtotal	\$2920934	\$9281730	\$-6360796
DSH Payments	\$3,891,144		
Subtotal	\$6812078	\$9281730	\$-2469652
Medicare Shortfalls	\$14013944	\$25410319	
Other Government Programs	\$0	\$0	
Total	\$20826022	\$34692049	\$-13866027

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$426202	\$-426202
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$24864	\$-24864
Other Allocations	\$0	\$28919	\$-28919

Comments



