



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: CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.

City of Hospital: Angola

Year Begin: 10/01/2014 (mm/dd/yyyy format)

Year End: 09/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

Email Address: wstamper@cameronmch.com

Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$17769840
Outpatient Patient Service Revenue	\$87355949
Total Gross Patient Service Revenue	\$105125789

2. Deductions From Revenue

Contractual Allowance	\$50681984
Other Deductions	\$0
Total Deductions	\$50681984

3. Total Operating Revenue

Net Patient Service Revenue	\$54443805
Other Operating Revenue	\$1890433
Total Operating Revenue	\$56334238

4. Operating Expenses

Salaries and Wages	\$18031581	Employee Benefits	\$5404259
Depreciation and Amortization	\$3294173	Interest Expense	\$1127627
Bad Debt	\$4917196	Other Expenses	\$22311313
Total Operating Expenses	\$55086149		

5. Net Revenue and Expenses

--	--	--	--

Excess Revenue over Expenses	\$1248089	Total Assets	\$92983033
Net Non-operating Gains over Loss	\$-354856	Total Liabilities	\$92983033
Total Net Gains	\$893233		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$27215315	\$16107461	\$11107854
Medicaid	\$10994089	\$9169602	\$1824487
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$66916385	\$25404921	\$41511464
Total	\$105125789	\$50681984	\$54443805

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$262296	\$0	\$262296

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$34287	\$92510	\$-58223

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	200
Number of Citizens Exposed to Health Education Messages	1366

Statement Six: Charity Statement

Hospital Charity Charges	\$1058828
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$554826	
HCI Payments	\$0		
Subtotal	\$0	\$554826	\$-554826
Medicaid Shortfalls	\$1824487	\$5760903	
Subtotal	\$1824487	\$6315729	\$-4491242
DSH Payments	\$0		
Subtotal	\$1824487	\$6315729	\$-4491242
Medicare Shortfalls	\$11107854	\$14260825	
Other Government Programs	\$0	\$0	
Total	\$12932341	\$20576554	\$-7644213

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$34287	\$92510	\$-58223
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$113341	\$-113341
Other Allocations	\$0	\$0	\$0

Comments