



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: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: Linton

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: April Settles

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Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12361551.58
Outpatient Patient Service Revenue	\$53133092.38
Total Gross Patient Service Revenue	\$65494643.96

2. Deductions From Revenue

Contractual Allowance	\$35468915.93
Other Deductions	\$0
Total Deductions	\$35468915.93

3. Total Operating Revenue

Net Patient Service Revenue	\$30025728.03
Other Operating Revenue	\$3392547.14
Total Operating Revenue	\$33418275.17

4. Operating Expenses

Salaries and Wages	\$11538164.55	Employee Benefits	\$2950983.67
Depreciation and Amortization	\$1030506.57	Interest Expense	\$345938.08
Bad Debt	\$5930085.82	Other Expenses	\$10324447.22
Total Operating Expenses	\$32120125.91		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$1298149.26	Total Assets	\$18709919.96
Net Non-operating Gains over Loss	\$-289.08	Total Liabilities	\$11702126.67
Total Net Gains	\$1297860.18		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29472589.78	\$15961012.17	\$13511577.61
Medicaid	\$6811442.97	\$3688767.26	\$3122675.71
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29210611.21	\$15819136.50	\$13391474.71
Total	\$65494643.96	\$35468915.93	\$30025728.03

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	11145
Number of Citizens Exposed to Health Education Messages	32441

Statement Six: Charity Statement

Hospital Charity Charges	\$571114.11
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,797,144		
Subtotal	\$1797144	\$0	\$1797144
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1797144	\$0	\$1797144

Statement Seven: Subsidized Health Services for the Community

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

Comments