



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: UNION HOSPITAL CLINTON

City of Hospital: Clinton

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

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

Person Completing the Report: Tammie Brown

Email Address: fatsb@uhhg.org

Medicare Provider Number: 15-1326

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12332988
Outpatient Patient Service Revenue	\$59628628
Total Gross Patient Service Revenue	\$71961616

2. Deductions From Revenue

Contractual Allowance	\$42355373
Other Deductions	\$5586509
Total Deductions	\$47941882

3. Total Operating Revenue

Net Patient Service Revenue	\$24019734
Other Operating Revenue	\$391635
Total Operating Revenue	\$24411369

4. Operating Expenses

Salaries and Wages	\$8191282	Employee Benefits	\$1846021
Depreciation and Amortization	\$1078040	Interest Expense	\$797
Bad Debt	\$0	Other Expenses	\$9038406
Total Operating Expenses	\$20154546		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4256823	Total Assets	n/a
Net Non-operating Gains over Loss	\$14	Total Liabilities	n/a

Total Net Gains	\$4256837
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30591042	\$17837769	\$12753273
Medicaid	\$16579600	\$14486345	\$2093255
Other Government	\$959970	\$0	\$959970
Other State	\$241535	\$225036	\$16499
Other Payers	\$23589469	\$9806223	\$13783246
Total	\$71961616	\$42355373	\$29606243

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4442	\$-4442

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	\$7610	\$86387	\$-78777
Hospital Patients	\$0	\$144748	\$-144748
Community Education	\$0	\$2056	\$-2056

Number of Medical Professionals Trained	2116
Number of Hospital Patients Educated	12694
Number of Citizens Exposed to Health Education Messages	45571

Statement Six: Charity Statement

Hospital Charity Charges	\$2291963
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$622582	
HCI Payments	\$0		
Subtotal	\$0	\$622582	\$-622582
Medicaid Shortfalls	\$0	\$-104752	
Subtotal	\$0	\$517830	\$-517830
DSH Payments	\$0		
Subtotal	\$0	\$517830	\$-517830
Medicare Shortfalls	\$0	\$7880608	
Other Government Programs	\$0	\$0	
Total	\$0	\$8398438	\$-8398438

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	\$45627	\$-45627
Other Allocations	\$0	\$0	\$0

Comments

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