



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: 10/01/2015 (mm/dd/yyyy format)

Year End: 09/30/2016 (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	\$16595669
Outpatient Patient Service Revenue	\$96694105
Total Gross Patient Service Revenue	\$113289774

2. Deductions From Revenue

Contractual Allowance	\$54252589
Other Deductions	\$0
Total Deductions	\$54252589

3. Total Operating Revenue

Net Patient Service Revenue	\$59037185
Other Operating Revenue	\$2022068
Total Operating Revenue	\$61059253

4. Operating Expenses

Salaries and Wages	\$19165961	Employee Benefits	\$5666523
Depreciation and Amortization	\$5666298	Interest Expense	\$1540941
Bad Debt	\$5266382	Other Expenses	\$24330268
Total Operating Expenses	\$61636373		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-577120	Total Assets	\$92358332
Net Non-operating Gains over Loss	\$678807	Total Liabilities	\$92358332

Total Net Gains	\$101687
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30480377	\$15760663	\$14719714
Medicaid	\$13804913	\$12749468	\$1055445
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$69004484	\$25742458	\$43262026
Total	\$113289774	\$54252589	\$59037185

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$-58948	\$0	\$-58948

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	\$33698	\$85828	\$-52130

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	204
Number of Citizens Exposed to Health Education Messages	1547

Statement Six: Charity Statement

Hospital Charity Charges	\$604683
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$285411	
HCI Payments	\$0		
Subtotal	\$0	\$285411	\$-285411
Medicaid Shortfalls	\$1055445	\$6515919	
Subtotal	\$1055445	\$6801330	\$-5745885
DSH Payments	\$0		
Subtotal	\$1055445	\$6801330	\$-5745885
Medicare Shortfalls	\$14719714	\$14386738	
Other Government Programs	\$0	\$0	
Total	\$15775159	\$21188068	\$-5412909

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$33698	\$85828	\$-52130
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$79621	\$-79621
Other Allocations	\$0	\$0	\$0

Comments

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