



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: COMMUNITY HOSPITAL OF BREMEN, INC.

City of Hospital: Bremen

Year Begin: 05/01/2015 (mm/dd/yyyy format)

Year End: 04/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Amy Lashbrook

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Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6124178
Outpatient Patient Service Revenue	\$29565213
Total Gross Patient Service Revenue	\$35689391

2. Deductions From Revenue

Contractual Allowance	\$17644613
Other Deductions	\$322616
Total Deductions	\$17967229

3. Total Operating Revenue

Net Patient Service Revenue	\$17722162
Other Operating Revenue	\$817406
Total Operating Revenue	\$18539568

4. Operating Expenses

Salaries and Wages	\$8366686	Employee Benefits	\$2068394
Depreciation and Amortization	\$1057186	Interest Expense	\$599741
Bad Debt	\$320393	Other Expenses	\$7176721
Total Operating Expenses	\$19589121		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1049553	Total Assets	\$19796051
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$15258730

Total Net Gains	\$-1049553
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$12651967	\$6867317	\$5784650
Medicaid	\$2583413	\$2382278	\$201135
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20454011	\$8395018	\$12058993
Total	\$35689391	\$17644613	\$18044778

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	\$17500	\$-17500
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$42495	\$-42495

Number of Medical Professionals Trained	3
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	4111

Statement Six: Charity Statement

Hospital Charity Charges	\$322616
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$181801	
HCI Payments	\$0		
Subtotal	\$0	\$181801	\$-181801
Medicaid Shortfalls	\$677956	\$1944249	
Subtotal	\$677956	\$2126050	\$-1448094
DSH Payments	\$0		
Subtotal	\$677956	\$2126050	\$-1448094
Medicare Shortfalls	\$4694115	\$5667288	
Other Government Programs	\$0	\$0	
Total	\$5372071	\$7793338	\$-2421267

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$953423	\$3156442	\$-2203019
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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