



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: GIBSON GENERAL HOSPITAL, INC.

City of Hospital: Princeton

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

Year End: 09/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Dawn Michel

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Medicare Provider Number: 151319

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6882568
Outpatient Patient Service Revenue	\$44545347
Total Gross Patient Service Revenue	\$51427915

2. Deductions From Revenue

Contractual Allowance	\$25267957
Other Deductions	\$754893
Total Deductions	\$26022850

3. Total Operating Revenue

Net Patient Service Revenue	\$25405065
Other Operating Revenue	\$724306
Total Operating Revenue	\$26129371

4. Operating Expenses

Salaries and Wages	\$9366076	Employee Benefits	\$3123021
Depreciation and Amortization	\$1253796	Interest Expense	\$244290
Bad Debt	\$2880350	Other Expenses	\$9044597
Total Operating Expenses	\$25912130		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$217241	Total Assets	\$20555072
Net Non-operating Gains over Loss	\$-1452664	Total Liabilities	\$10598161

Total Net Gains	\$-1235423
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21687136	\$13103513	\$8583623
Medicaid	\$9558801	\$7619599	\$1939202
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20181978	\$4544845	\$15637133
Total	\$51427915	\$25267957	\$26159958

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$17850	\$17850	\$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	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$754893	
HCI Payments	\$0		
Subtotal	\$0	\$754893	\$-754893
Medicaid Shortfalls	\$2400593	\$4583194	
Subtotal	\$2400593	\$5338087	\$-2937494
DSH Payments	\$0		
Subtotal	\$2400593	\$5338087	\$-2937494
Medicare Shortfalls	\$8583623	\$10398412	
Other Government Programs	\$0	\$0	
Total	\$10984216	\$15736499	\$-4752283

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

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