



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 ANDERSON**

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	<input type="text" value="\$219571462"/>	Contractual Allowance	<input type="text" value="\$272880037"/>
Outpatient Patient Service Revenue	<input type="text" value="\$356390945"/>	Other Deductions	<input type="text" value="\$118561988"/>
Total Gross Patient Service Revenue		Total Deductions	<input type="text" value="\$391442025"/>
<input type="text" value="\$575962407"/>			

3. Total Operating Revenue	
Net Patient Service Revenue	<input type="text" value="\$184520383"/>
Other Operating Revenue	<input type="text" value="\$19826265"/>
Total Operating Revenue	<input type="text" value="\$204346648"/>

4. Operating Expenses			
Salaries and Wages	<input type="text" value="\$70917021"/>	Employee Benefits	<input type="text" value="\$19104015"/>
Depreciation and Amortization	<input type="text" value="\$9158457"/>	Interest Expense	<input type="text" value="\$177414"/>
Bad Debt	<input type="text" value="\$0"/>	Other Expenses	<input type="text" value="\$73422968"/>
Total Operating Expenses	<input type="text" value="\$172779875"/>		

5. Net Revenue and Expenses			

Excess Revenue over Expenses	\$31566772	Total Assets	\$309752574
Net Non-operating Gains over Loss	\$-12765600	Total Liabilities	\$21481461
Total Net Gains	\$18801172		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$308093281	\$241025323	\$67067958
Medicaid	\$103469917	\$31854714	\$71615203
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$164399209	\$118561988	\$45837221
Total	\$575962407	\$391442025	\$184520382

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$793656	\$547061	\$246595

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	\$11394	\$31495	\$-20101

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$6018294
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$89691	\$2472396	
HCI Payments	\$0		
Subtotal	\$89691	\$2472396	\$-2382705
Medicaid Shortfalls	\$20467838	\$25729037	
Subtotal	\$20557529	\$28201433	\$-7643904
DSH Payments	\$8,171,414		
Subtotal	\$28728943	\$28201433	\$527510
Medicare Shortfalls	\$67521119	\$89128917	
Other Government Programs	\$0	\$0	
Total	\$96250062	\$117330350	\$-21080288

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

