



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: Anderson

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$242134590
Outpatient Patient Service Revenue	\$474114023
Total Gross Patient Service Revenue	\$716248613

2. Deductions From Revenue

Contractual Allowance	\$508102201
Other Deductions	\$2486915
Total Deductions	\$510589116

3. Total Operating Revenue

Net Patient Service Revenue	\$205659497
Other Operating Revenue	\$10788011
Total Operating Revenue	\$216447508

4. Operating Expenses

Salaries and Wages	\$70282422	Employee Benefits	\$18025356
Depreciation and Amortization	\$7714154	Interest Expense	\$0
Bad Debt	\$7910635	Other Expenses	\$139959020
Total Operating Expenses	\$243891587		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-27444079	Total Assets	\$307902752
Net Non-operating Gains over Loss	\$32948828	Total Liabilities	\$14666301

Total Net Gains	\$5504749
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$373691141	\$301133697	\$72557444
Medicaid	\$149941770	\$109407408	\$40534362
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$192615702	\$100048011	\$92567691
Total	\$716248613	\$510589116	\$205659497

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	\$88	\$-88

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$8200	\$49395	\$-41195
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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	\$2486915
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$748561	
HCI Payments	\$0		
Subtotal	\$0	\$748561	\$-748561
Medicaid Shortfalls	\$40534362	\$54603946	
Subtotal	\$40534362	\$55352507	\$-14818145
DSH Payments	\$1,456,773		
Subtotal	\$41991135	\$55352507	\$-13361372
Medicare Shortfalls	\$72635404	\$112481033	
Other Government Programs	\$0	\$0	
Total	\$114626539	\$167833540	\$-53207001

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