



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: SULLIVAN COUNTY COMMUNITY HOSPITAL

City of Hospital: Sullivan

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

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

Person Completing the Report: Jim Bishop

Email Address: jim.bishop@schosp.com

Medicare Provider Number: 15-1327

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15771307
Outpatient Patient Service Revenue	\$108389566
Total Gross Patient Service Revenue	\$124160873

2. Deductions From Revenue

Contractual Allowance	\$85661468
Other Deductions	\$0
Total Deductions	\$85661468

3. Total Operating Revenue

Net Patient Service Revenue	\$36829664
Other Operating Revenue	\$11471977
Total Operating Revenue	\$48301641

4. Operating Expenses

Salaries and Wages	\$22807314	Employee Benefits	\$5892902
Depreciation and Amortization	\$1933876	Interest Expense	\$140821
Bad Debt	\$1669741	Other Expenses	\$14947448
Total Operating Expenses	\$47392102		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2579280	Total Assets	\$52277483
Net Non-operating Gains over Loss	\$8698169	Total Liabilities	\$8806594
Total Net Gains	\$11277449		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

#### 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	\$0	\$0
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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$764,000		

	Subtotal	\$764000	\$0	\$764000
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$764000	\$0	\$764000

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	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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