



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL (ANDERSON)

City of Hospital: ANDERSON

Year Begin: 01/01/2008 (mm/dd/yyyy format)

Year End: 12/31/2008 (mm/dd/yyyy format)

Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$103863662
Outpatient Patient Service Revenue	\$167909693
Total Gross Patient Service Revenue	\$271773355

2. Deductions From Revenue

Contractual Allowance	\$112853866
Other Deductions	\$42528727
Total Deductions	\$155382593

3. Total Operating Revenue

Net Patient Service Revenue	\$116390762
Other Operating Revenue	\$6907091
Total Operating Revenue	\$123297853

4. Operating Expenses

Salaries and Wages	\$51439349	Employee Benefits	\$9460030
Depreciation and Amortization	\$6115975	Interest Expense	\$1519537
Bad Debt	\$10761535	Other Expenses	\$42181772
Total Operating Expenses	\$121478198		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1819655	Total Assets	\$100969619
Net Non-operating Gains over Loss	\$-9698512	Total Liabilities	\$34644116
Total Net Gains	\$-7878857		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$128324481	\$88169256	\$40155225
Medicaid	\$28047088	\$24684610	\$3362478
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$115401786	\$42528729	\$72873057
Total	\$271773355	\$155382595	\$116390760

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1039852	\$489626	\$550226

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	\$11030	\$10738	\$292

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	\$10316058
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3703908	
HCI Payments	\$0		
Subtotal	\$0	\$3703908	\$-3703908
Medicaid Shortfalls	\$5463507	\$13009999	
Subtotal	\$5463507	\$16713907	\$-11250400
DSH Payments	\$0		
Subtotal	\$5463507	\$16713907	\$-11250400
Medicare Shortfalls	\$31892713	\$33213503	
Other Government Programs	\$136126	\$0	
Total	\$37492346	\$49927410	\$-12435064

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