



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: *Hind General Hospital*
 City of Hospital: *Hobart*
 Year Begin: 01/01/2008 (mm/dd/yyyy format)
 Year End: 12/31/2008 (mm/dd/yyyy format)
 Medicare Provider Number: NA

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	<i>6,669,116</i>	Contractual Allowance	<i>15,719,783</i>
Outpatient Patient Service Revenue	<i>21,556,438</i>	Other Deductions	<i>234,273</i>
Total Gross Patient Service Revenue	<i>28,225,554</i>	Total Deductions	<i>15,954,056</i>

3. Total Operating Revenue	
Net Patient Service Revenue	<i>12,271,498</i>
Other Operating Revenue	<i>\$0</i>
Total Operating Revenue	<i>12,271,498</i>

4. Operating Expenses			
Salaries and Wages	<i>1,631,765</i>	Employee Benefits	<i>✓</i>
Depreciation and Amortization	<i>160,991</i>	Interest Expense	<i>✓</i>
Bad Debt	<i>0</i>	Other Expenses	<i>9,129,907</i>
Total Operating Expenses	<i>10,922,663</i>		

5. Net Revenue and Expenses			
Excess Revenue over Expenses	<i>1,608,070</i>	Total Assets	<i>2,076,554</i>
Net Non-operating Gains over Loss	<i>—</i>	Total Liabilities	<i>2,076,554</i>
Total Net Gains	<i>1,608,070</i>		

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			
Other Payers	<i>28,225,554</i>	<i>15,954,058</i>	<i>12,271,496</i>
Total	<i>28,225,554</i>	<i>15,954,058</i>	<i>12,271,496</i>

Statement Three: Donations Statement

	Estimated	Estimated	Net Dollar Gain
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	Incoming Revenue	Outgoing Expenses	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	293
Number of Citizens Exposed to Health Education Messages	0

(inpatients)

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

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

* Information rec'd from M. Pillai Hosp CFO.

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