



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.

City of Hospital: Connersville

Year Begin: 10/01/2009 (mm/dd/yyyy format)

Year End: 09/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0064

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$36291789
Outpatient Patient Service Revenue	\$79523684
Total Gross Patient Service Revenue	\$115815473

2. Deductions From Revenue

Contractual Allowance	\$61090435
Other Deductions	\$0
Total Deductions	\$61090435

3. Total Operating Revenue

Net Patient Service Revenue	\$54725038
Other Operating Revenue	\$1426510
Total Operating Revenue	\$56151548

4. Operating Expenses

Salaries and Wages	\$25748167	Employee Benefits	\$5190985
Depreciation and Amortization	\$3643848	Interest Expense	\$1415218
Bad Debt	\$6357976	Other Expenses	\$16781057
Total Operating Expenses	\$59137251		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2985703	Total Assets	\$56970699
Net Non-operating Gains over Loss	\$-81172	Total Liabilities	\$30810092
Total Net Gains	\$-3066875		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$43433646	\$30026093	\$13407553
Medicaid	\$19926050	\$18630157	\$1295893
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29974761	\$4127525	\$25847236
Total	\$93334457	\$52783775	\$40550682

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$866319	\$866319	\$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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$5155124
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$272706	
HCI Payments	\$0		
Subtotal	\$0	\$272706	\$-272706
Medicaid Shortfalls	\$1295893	\$258272	
Subtotal	\$1295893	\$530978	\$764915
DSH Payments	\$0		
Subtotal	\$1295893	\$530978	\$764915
Medicare Shortfalls	\$13407553	\$10310	
Other Government Programs	\$0	\$0	
Total	\$14703446	\$541288	\$14162158

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