



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HENRY COUNTY MEMORIAL HOSPITAL

City of Hospital: New Castle

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60635119
Outpatient Patient Service Revenue	\$98228186
Total Gross Patient Service Revenue	\$158863305

2. Deductions From Revenue

Contractual Allowance	\$88522291
Other Deductions	\$952792
Total Deductions	\$89475083

3. Total Operating Revenue

Net Patient Service Revenue	\$69388222
Other Operating Revenue	\$2267192
Total Operating Revenue	\$71655414

4. Operating Expenses

Salaries and Wages	\$25424202	Employee Benefits	\$9597677
Depreciation and Amortization	\$3953874	Interest Expense	\$405822
Bad Debt	\$7116904	Other Expenses	\$21424837
Total Operating Expenses	\$67923316		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3732098	Total Assets	\$85853039
Net Non-operating Gains over Loss	\$1827835	Total Liabilities	\$29309380
Total Net Gains	\$5559933		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$69242560	\$48473629	\$20768931
Medicaid	\$26535093	\$23529862	\$3005231
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63085652	\$16518800	\$46566852
Total	\$158863305	\$88522291	\$70341014

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$83780	\$83780	\$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	\$680317	-\$680317
Hospital Patients	\$0	\$1028837	-\$1028837
Community Education	\$8220	\$214335	-\$206115

Number of Medical Professionals Trained	400
Number of Hospital Patients Educated	48000
Number of Citizens Exposed to Health Education Messages	27000

Statement Six: Charity Statement

Hospital Charity Charges	\$3150353
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1101420	
HCI Payments	\$267		
Subtotal	\$267	\$1101420	\$-1101153
Medicaid Shortfalls	\$3076850	\$9277146	
Subtotal	\$3077117	\$10378566	\$-7301449
DSH Payments	\$2,194,866		
Subtotal	\$5271983	\$10378566	\$-5106583
Medicare Shortfalls	\$15277018	\$21378899	
Other Government Programs	\$0	\$0	
Total	\$20549001	\$31757465	\$-11208464

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$353604	\$-353604
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$22707	\$-22707
Other Allocations	\$0	\$48729	\$-48729