



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: JASPER COUNTY HOSPITAL

City of Hospital: Rensselaer

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

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

Medicare Provider Number: 151324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13103195
Outpatient Patient Service Revenue	\$37190764
Total Gross Patient Service Revenue	\$50293959

2. Deductions From Revenue

Contractual Allowance	\$19810601
Other Deductions	\$0
Total Deductions	\$19810601

3. Total Operating Revenue

Net Patient Service Revenue	\$30483358
Other Operating Revenue	\$4050912
Total Operating Revenue	\$34534270

4. Operating Expenses

Salaries and Wages	\$17129206	Employee Benefits	\$4765593
Depreciation and Amortization	\$423807	Interest Expense	\$2845
Bad Debt	\$2366251	Other Expenses	\$12532577
Total Operating Expenses	\$37220279		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2686009	Total Assets	\$24616831
Net Non-operating Gains over Loss	\$1639	Total Liabilities	\$9811004
Total Net Gains	\$-2684370		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$24849562	\$11927790	\$12921772
Medicaid	\$6587190	\$4281673	\$2305517
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18857207	\$3601138	\$15256069
Total	\$50293959	\$19810601	\$30483358

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	\$24000	\$101654	\$-77654
Hospital Patients	\$0	\$6000	\$-6000
Community Education	\$0	\$5000	\$-5000

Number of Medical Professionals Trained	523
Number of Hospital Patients Educated	1467
Number of Citizens Exposed to Health Education Messages	585

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	\$54600	
HCI Payments	\$0		
Subtotal	\$0	\$54600	\$-54600
Medicaid Shortfalls	\$1646798	\$3293595	
Subtotal	\$1646798	\$3348195	\$-1701397
DSH Payments	\$1,616,827		
Subtotal	\$3263625	\$3348195	\$-84570
Medicare Shortfalls	\$11679294	\$12424781	
Other Government Programs	\$0	\$0	
Total	\$14942919	\$15772976	\$-830057

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