



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

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

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

Medicare Provider Number: 150001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$52902945
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$52902945

2. Deductions From Revenue

Contractual Allowance	\$89442520
Other Deductions	\$6432935
Total Deductions	\$95875455

3. Total Operating Revenue

Net Patient Service Revenue	\$72983258
Other Operating Revenue	\$9627308
Total Operating Revenue	\$82610566

4. Operating Expenses

Salaries and Wages	\$33075771	Employee Benefits	\$8248129
Depreciation and Amortization	\$4241117	Interest Expense	\$167751
Bad Debt	\$5550246	Other Expenses	\$30610773
Total Operating Expenses	\$81893787		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$716779	Total Assets	\$92478234
Net Non-operating Gains over Loss	\$381705	Total Liabilities	\$10384106
Total Net Gains	\$1098484		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$72822158	\$48754689	\$24067469
Medicaid	\$15875921	\$15342705	\$533216
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$80160634	\$24667456	\$55493178
Total	\$168858713	\$88764850	\$80093863

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$65000	\$34282	\$30718

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	\$176300	\$-176300
Hospital Patients	\$76175	\$61562	\$14613
Community Education	\$2195	\$251364	\$-249169

Number of Medical Professionals Trained	1100
Number of Hospital Patients Educated	6064
Number of Citizens Exposed to Health Education Messages	40110

Statement Six: Charity Statement

Hospital Charity Charges	\$6432935
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3859761	
HCI Payments	\$0		
Subtotal	\$0	\$3859761	\$-3859761
Medicaid Shortfalls	\$2892797	\$9542116	
Subtotal	\$2892797	\$13401877	\$-10509080
DSH Payments	\$1,911,565		
Subtotal	\$4804362	\$13401877	\$-8597515
Medicare Shortfalls	\$20711426	\$44051179	
Other Government Programs	\$0	\$0	
Total	\$25515788	\$57453056	\$-31937268

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