



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MAJOR HOSPITAL

City of Hospital: SHELBYVILLE

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

Year End: 12/31/0010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$54929796	Contractual Allowance	\$101155969
Outpatient Patient Service Revenue	\$135803538	Other Deductions	\$5951546
Total Gross Patient Service Revenue	\$190733334	Total Deductions	\$107107515

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$83625819
Other Operating Revenue	\$1248407
Total Operating Revenue	\$84874226

4. Operating Expenses

Salaries and Wages	\$28486347	Employee Benefits	\$7509922
Depreciation and Amortization	\$4098468	Interest Expense	\$801593
Bad Debt	\$7998056	Other Expenses	\$27349706
Total Operating Expenses	\$76244092		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8630134	Total Assets	\$110964669
Net Non-operating Gains over Loss	\$3314002	Total Liabilities	\$37780555
Total Net Gains	\$11944136		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$78749133	\$49052485	\$29696648
Medicaid	\$27810374	\$20880749	\$6929625
Other Government	\$2276411	\$896223	\$1380188
Other State	\$0	\$0	\$0
Other Payers	\$81897421	\$36278057	\$45619364
Total	\$190733339	\$107107514	\$83625825

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$40311	\$-40311

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	\$47867	\$176008	\$-128141
Community Education	\$0	\$207071	\$-207071

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	12959
Number of Citizens Exposed to Health Education Messages	15500

Statement Six: Charity Statement

Hospital Charity Charges	\$5951546
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2378833	
HCI Payments	\$0		
Subtotal	\$0	\$2378833	\$-2378833
Medicaid Shortfalls	\$3672291	\$9194142	
Subtotal	\$3672291	\$9923681	\$-6251390
DSH Payments	\$2,466,457		
Subtotal	\$6138748	\$9923681	\$-3784933
Medicare Shortfalls	\$21043783	\$26764076	
Other Government Programs	\$558499	\$686887	
Total	\$27741030	\$37374644	\$-9633614

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1164196	\$-1164196
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0