



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: UNION HOSPITAL CLINTON

City of Hospital: Clinton

Year Begin: 09/01/2009 (mm/dd/yyyy format)

Year End: 08/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-1326

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14444961
Outpatient Patient Service Revenue	\$48276115
Total Gross Patient Service Revenue	\$62721076

2. Deductions From Revenue

Contractual Allowance	\$33601572
Other Deductions	\$2505349
Total Deductions	\$36106921

3. Total Operating Revenue

Net Patient Service Revenue	\$26614155
Other Operating Revenue	\$510705
Total Operating Revenue	\$27124860

4. Operating Expenses

Salaries and Wages	\$9880918	Employee Benefits	\$2529909
Depreciation and Amortization	\$915663	Interest Expense	\$7910
Bad Debt	\$4032915	Other Expenses	\$9114087
Total Operating Expenses	\$26481402		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$643461	Total Assets	\$0
Net Non-operating Gains over Loss	\$10292	Total Liabilities	\$0
Total Net Gains	\$653753		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$25765763	\$13798103	\$11967660
Medicaid	\$10755937	\$10195817	\$560120
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26199376	\$12112999	\$14086377
Total	\$62721076	\$36106919	\$26614157

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$18942	\$-18942

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	\$248229	\$-248229
Hospital Patients	\$0	\$107760	\$-107760
Community Education	\$0	\$20617	\$-20617

Number of Medical Professionals Trained	13015
Number of Hospital Patients Educated	31282
Number of Citizens Exposed to Health Education Messages	2359

Statement Six: Charity Statement

Hospital Charity Charges	\$2505349
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1017923	
HCI Payments	\$0		
Subtotal	\$0	\$1017923	\$-1017923
Medicaid Shortfalls	\$610009	\$4370137	
Subtotal	\$610009	\$5388060	\$-4778051
DSH Payments	\$0		
Subtotal	\$610009	\$5388060	\$-4778051
Medicare Shortfalls	\$4109798	\$10468630	
Other Government Programs	\$0	\$0	
Total	\$4719807	\$15856690	\$-11136883

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	\$35606	\$-35606
Other Allocations	\$0	\$0	\$0