



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: ADAMS MEMORIAL HOSPITAL

City of Hospital: Decatur

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-1330

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$31106860
Outpatient Patient Service Revenue	\$58816112
Total Gross Patient Service Revenue	\$89922972

#### 2. Deductions From Revenue

Contractual Allowance	\$49150677
Other Deductions	\$0
Total Deductions	\$49150677

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$40772295
Other Operating Revenue	\$3088622
Total Operating Revenue	\$43860917

#### 4. Operating Expenses

Salaries and Wages	\$18385908	Employee Benefits	\$5926904
Depreciation and Amortization	\$3302461	Interest Expense	\$1878410
Bad Debt	\$8065580	Other Expenses	\$7540051
Total Operating Expenses	\$45099314		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1238397	Total Assets	\$65337758
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$42451050
Total Net Gains	\$1238397		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$40465337	\$13363721	\$27101616
Medicaid	\$6294608	\$5439348	\$855260
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$43163027	\$30347608	\$12815419
Total	\$89922972	\$49150677	\$40772295

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$128462	\$128462	\$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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$25000	\$20000	\$5000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	94073
Number of Citizens Exposed to Health Education Messages	15000

### Statement Six: Charity Statement

Hospital Charity Charges	\$660462
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$42470	\$702932	
HCI Payments	\$0		
Subtotal	\$42470	\$702932	\$-660462
Medicaid Shortfalls	\$0	\$699588	
Subtotal	\$42470	\$1402520	\$-1360050
DSH Payments	\$0		
Subtotal	\$42470	\$1402520	\$-1360050
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$42470	\$1402520	\$-1360050

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$11763	\$11763	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$1328559	\$1328559	\$0
Other Allocations	\$0	\$0	\$0