



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.

City of Hospital: Angola

Year Begin: 10/01/2010 (mm/dd/yyyy format)

Year End: 09/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 151315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12512423	Contractual Allowance	\$31398463
Outpatient Patient Service Revenue	\$58951271	Other Deductions	\$989080
Total Gross Patient Service Revenue	\$71463694	Total Deductions	\$32387543

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$39076151
Other Operating Revenue	\$2091463
Total Operating Revenue	\$41167614

4. Operating Expenses

Salaries and Wages	\$14340232	Employee Benefits	\$5245223
Depreciation and Amortization	\$2287106	Interest Expense	\$456421
Bad Debt	\$3073850	Other Expenses	\$15748804
Total Operating Expenses	\$41151636		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15978	Total Assets	\$46477642
Net Non-operating Gains over Loss	\$150634	Total Liabilities	\$46477642
Total Net Gains	\$166612		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$20532928	\$10227347	\$10305581
Medicaid	\$8085714	\$6876343	\$1209371
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$42845052	\$15283853	\$27561199
Total	\$71463694	\$32387543	\$39076151

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$50000	\$0	\$50000

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	\$58560	\$74675	\$-16115

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	2959

Statement Six: Charity Statement

Hospital Charity Charges	\$989080
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$537958	
HCI Payments	\$0		
Subtotal	\$0	\$537958	\$-537958
Medicaid Shortfalls	\$465737	\$3881143	
Subtotal	\$465737	\$4419101	\$-3953364
DSH Payments	\$0		
Subtotal	\$465737	\$4419101	\$-3953364
Medicare Shortfalls	\$6595176	\$9034488	
Other Government Programs	\$0	\$0	
Total	\$7060913	\$13453589	\$-6392676

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$58560	\$74675	\$-16115
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$137759	\$-137759
Other Allocations	\$0	\$0	\$0