



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

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

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

Medicare Provider Number: 150112

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$178986155
Outpatient Patient Service Revenue	\$233670526
Total Gross Patient Service Revenue	\$412656681

#### 2. Deductions From Revenue

Contractual Allowance	\$194753678
Other Deductions	\$12680821
Total Deductions	\$207434499

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$205222182
Other Operating Revenue	\$3658254
Total Operating Revenue	\$208880436

#### 4. Operating Expenses

Salaries and Wages	\$69849513	Employee Benefits	\$24383941
Depreciation and Amortization	\$17604155	Interest Expense	\$2709169
Bad Debt	\$13477433	Other Expenses	\$75425311
Total Operating Expenses	\$203449522		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5430914	Total Assets	\$331609111
Net Non-operating Gains over Loss	\$7928217	Total Liabilities	\$91888242
Total Net Gains	\$13359131		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$192253261	\$123497466	\$68755795
Medicaid	\$49742657	\$38398673	\$11343984
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$170660763	\$32857539	\$137803224
Total	\$412656681	\$194753678	\$217903003

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$280095	\$-280095

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$3500	\$400	\$3100

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$188043	\$467825	\$-279782
Hospital Patients	\$139934	\$186716	\$-46782
Community Education	\$0	\$354666	\$-354666

Number of Medical Professionals Trained	180
Number of Hospital Patients Educated	1332
Number of Citizens Exposed to Health Education Messages	100000

### Statement Six: Charity Statement

Hospital Charity Charges	\$13966353
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6762508	
HCI Payments	\$0		
Subtotal	\$0	\$6762508	\$-6762508
Medicaid Shortfalls	\$7585529	\$24085395	
Subtotal	\$7585529	\$30847903	\$-23262374
DSH Payments	\$6,456,717		
Subtotal	\$14042246	\$30847903	\$-16805657
Medicare Shortfalls	\$68755795	\$93089029	
Other Government Programs	\$0	\$0	
Total	\$82798041	\$123936932	\$-41138891

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$898949	\$-898949
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$237220	\$-237220
Other Allocations	\$0	\$0	\$0