Hospital Fiscal Report

State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL (ANDERSON)
City of Hospital: Anderson
Year Begin: 01/01/2011 *(mm/dd/yyyy format)*
Year End: 12/31/2011 *(mm/dd/yyyy format)*
Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$115845797
Outpatient Patient Service Revenue	$118796224
Total Gross Patient Service Revenue	$234642021

2. Deductions From Revenue

Contractual Allowance	$142896055
Other Deductions	$50970528
Total Deductions	$193866583

3. Total Operating Revenue

Net Patient Service Revenue	$110775438
Other Operating Revenue	$8265129
Total Operating Revenue	$119040567

4. Operating Expenses

Salaries and Wages	$51912215	Employee Benefits	$12268846
Depreciation and Amortization	$5804148	Interest Expense	$1132491
Bad Debt	$7562252	Other Expenses	$35869792
Total Operating Expenses	$114549744		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$4490823	Total Assets	$116420375
Net Non-operating Gains over Loss	$-800663	Total Liabilities	$31723870
Total Net Gains	$3690160		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	$147161379	$107146697	$40014682
Medicaid	$36969386	$35749358	$1220028
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$120512256	$50970528	$69541728
Total	$304643021	$193866583	$110776438

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$471087	$473448	$-2361

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	$10192	$10253	$-61

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

Statement Six: Charity Statement

Hospital Charity Charges	$16784501

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$841195	$5857791	
HCI Payments	$0		
Subtotal	$841195	$5857791	$-5016596
Medicaid Shortfalls	$4022234	$7031568	
Subtotal	$4863429	$12889359	$-8025930
DSH Payments	$0		
Subtotal	$4863429	$12889359	$-8025930
Medicare Shortfalls	$31605864	$38671662	
Other Government Programs	$131003	$0	
Total	$36600296	$51561021	$-14960725

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	$0	$0
Other Allocations	$0	$0	$0