



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.

*City of Hospital:* Connersville

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

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

*Medicare Provider Number:* 15-0064

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$34330093
Outpatient Patient Service Revenue	\$81951519
<b>Total Gross Patient Service Revenue</b>	<b>\$116281612</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$62425898
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$62425898</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$53855714
Other Operating Revenue	\$1389859
<b>Total Operating Revenue</b>	<b>\$55245573</b>

#### 4. Operating Expenses

Salaries and Wages	\$25094566	Employee Benefits	\$6039900
Depreciation and Amortization	\$3237935	Interest Expense	\$1336563
Bad Debt	\$5367049	Other Expenses	\$16963941
<b>Total Operating Expenses</b>	<b>\$58039954</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2794381	Total Assets	\$55157403
Net Non-operating Gains over Loss	\$-843054	Total Liabilities	\$32332944
<b>Total Net Gains</b>	<b>\$-3637435</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$43022026	\$32979448	\$10042578
Medicaid	\$19989142	\$19732324	\$256818
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28518317	\$2693226	\$25825091
Total	\$91529485	\$55404998	\$36124487

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$283168	\$283168	\$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	\$0	\$0	\$0

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	\$5143197
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$272075	
HCI Payments	\$0		
Subtotal	\$0	\$272075	\$-272075
Medicaid Shortfalls	\$256818	\$391787	
Subtotal	\$256818	\$663862	\$-407044
DSH Payments	\$3,546,926		
Subtotal	\$3803744	\$663862	\$3139882
Medicare Shortfalls	\$10042578	\$14068	
Other Government Programs	\$0	\$0	
Total	\$13846322	\$677930	\$13168392

**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