



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES

City of Hospital: New Albany

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

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

Medicare Provider Number: 15-0044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$344496000	Contractual Allowance	\$470798000
Outpatient Patient Service Revenue	\$379850000	Other Deductions	\$11080000
Total Gross Patient Service Revenue	\$724346000	Total Deductions	\$481878000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$242468000
Other Operating Revenue	\$3087000
Total Operating Revenue	\$245555000

4. Operating Expenses

Salaries and Wages	\$91343000	Employee Benefits	\$22120000
Depreciation and Amortization	\$11374000	Interest Expense	\$5108000
Bad Debt	\$25214000	Other Expenses	\$91545000
Total Operating Expenses	\$246704000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1149000	Total Assets	\$275605000
Net Non-operating Gains over Loss	\$2277000	Total Liabilities	\$146439000
Total Net Gains	\$1128000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$300133880	\$218810010	\$81323870
Medicaid	\$57188226	\$43571916	\$13616310
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$320851324	\$219496074	\$101355250
Total	\$678173430	\$481878000	\$196295430

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$48470	\$-48470

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$220711	\$38475	\$182236

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2797	\$-2797
Hospital Patients	\$94015	\$497800	\$-403785
Community Education	\$192871	\$684099	\$-491228

Number of Medical Professionals Trained	210
Number of Hospital Patients Educated	35954
Number of Citizens Exposed to Health Education Messages	10436

Statement Six: Charity Statement

Hospital Charity Charges	\$11080000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3739169	
HCI Payments	\$0		
Subtotal	\$0	\$3739169	\$-3739169
Medicaid Shortfalls	\$14189927	\$17038624	
Subtotal	\$14189927	\$20777793	\$-6587866
DSH Payments	\$4,866,266		
Subtotal	\$19056193	\$20777793	\$-1721600
Medicare Shortfalls	\$93725649	\$102921092	
Other Government Programs	\$0	\$0	
Total	\$112781842	\$123698885	\$-10917043

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$5550	\$70255	\$-64705
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0