



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

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

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

Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$151018515
Outpatient Patient Service Revenue	\$254700043
Total Gross Patient Service Revenue	\$405718558

2. Deductions From Revenue

Contractual Allowance	\$180266388
Other Deductions	\$41593090
Total Deductions	\$221859478

3. Total Operating Revenue

Net Patient Service Revenue	\$183859079
Other Operating Revenue	\$5645373
Total Operating Revenue	\$189504452

4. Operating Expenses

Salaries and Wages	\$75362559	Employee Benefits	\$22717299
Depreciation and Amortization	\$9960784	Interest Expense	\$1061790
Bad Debt	\$15801133	Other Expenses	\$61198347
Total Operating Expenses	\$186101912		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3402540	Total Assets	\$224470126
Net Non-operating Gains over Loss	\$5035699	Total Liabilities	\$54122334
Total Net Gains	\$8438239		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$207759345	\$113609247	\$94150098
Medicaid	\$42213997	\$23083922	\$19130075
Other Government	\$2264486	\$1238291	\$1026195
Other State	\$41866	\$22894	\$18972
Other Payers	\$153438864	\$83905125	\$69533739
Total	\$405718558	\$221859479	\$183859079

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$912297	\$46398	\$865899

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$65997	\$49109	\$16888

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$39435	\$410539	-\$371104
Hospital Patients	\$0	\$7168	-\$7168
Community Education	\$293	\$302503	-\$302210

Number of Medical Professionals Trained	184
Number of Hospital Patients Educated	326255
Number of Citizens Exposed to Health Education Messages	36546

Statement Six: Charity Statement

Hospital Charity Charges	\$15055253
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6037158	
HCI Payments	\$0		
Subtotal	\$0	\$6037158	\$-6037158
Medicaid Shortfalls	\$10612972	\$17443011	
Subtotal	\$10612972	\$23480169	\$-12867197
DSH Payments	\$3,162,316		
Subtotal	\$13775288	\$23480169	\$-9704881
Medicare Shortfalls	\$58172738	\$73218041	
Other Government Programs	\$0	\$0	
Total	\$71948026	\$96698210	\$-24750184

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$-50756	\$426531	\$-477287
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$21595	\$-21595
Other Allocations	\$55313	\$148135	\$-92822