



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: HANCOCK REGIONAL HEALTH

City of Hospital: Greenfield

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150037

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$65783514
Outpatient Patient Service Revenue	\$122078819
Total Gross Patient Service Revenue	\$187862333

#### 2. Deductions From Revenue

Contractual Allowance	\$99259656
Other Deductions	\$0
Total Deductions	\$99259656

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$88602676
Other Operating Revenue	\$8170840
Total Operating Revenue	\$96773516

#### 4. Operating Expenses

Salaries and Wages	\$37073719	Employee Benefits	\$10701321
Depreciation and Amortization	\$7668390	Interest Expense	\$1572950
Bad Debt	\$10157493	Other Expenses	\$30159880
Total Operating Expenses	\$97333753		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-560236	Total Assets	\$136677134
Net Non-operating Gains over Loss	\$-749912	Total Liabilities	\$-136677134
Total Net Gains	\$-1310148		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$95906809	\$57537328	\$38369481
Medicaid	\$15155061	\$4806825	\$10348236
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$76800462	\$36915504	\$39884958
Total	\$187862332	\$99259657	\$88602675

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$126126	\$0	\$126126

### 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	\$68120	\$171180	\$-103060
Hospital Patients	\$3009	\$30917	\$-27908
Community Education	\$9565	\$103505	\$-93940

Number of Medical Professionals Trained	8
Number of Hospital Patients Educated	99
Number of Citizens Exposed to Health Education Messages	88148

### Statement Six: Charity Statement

Hospital Charity Charges	\$4533702
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3649661	
HCI Payments	\$0		
Subtotal	\$0	\$3649661	\$-3649661
Medicaid Shortfalls	\$2212221	\$10788080	
Subtotal	\$2212221	\$10788080	\$-8575859
DSH Payments	\$2,060,422		
Subtotal	\$4272643	\$10788080	\$-6515437
Medicare Shortfalls	\$18970606	\$59842345	
Other Government Programs	\$0	\$0	
Total	\$23243249	\$70630425	\$-47387176

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$17545	\$12295	\$5250
Community Assessment	\$46377	\$55652	\$-9275
Provision of Taxes	\$6713	\$72888	\$-66175
Other Allocations	\$0	\$0	\$0