



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: JASPER COUNTY HOSPITAL

City of Hospital: Rensselaer

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

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

Medicare Provider Number: 151324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12356723	Contractual Allowance	\$19241126
Outpatient Patient Service Revenue	\$37027702	Other Deductions	\$0
Total Gross Patient Service Revenue	\$49384425	Total Deductions	\$19241126

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$30143299
Other Operating Revenue	\$5331872
Total Operating Revenue	\$35475171

4. Operating Expenses

Salaries and Wages	\$17075795	Employee Benefits	\$4689091
Depreciation and Amortization	\$623692	Interest Expense	\$292880
Bad Debt	\$2241047	Other Expenses	\$12007441
Total Operating Expenses	\$36929946		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1454775	Total Assets	\$30854351
Net Non-operating Gains over Loss	\$-320208	Total Liabilities	\$17710429
Total Net Gains	\$-1774983		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22841746	\$11649290	\$11192456
Medicaid	\$6465177	\$4202365	\$2262812
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20077502	\$3389471	\$16688031
Total	\$49384425	\$19241126	\$30143299

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$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	\$131803	-\$131803
Hospital Patients	\$0	\$0	\$0
Community Education	\$1500	\$25000	-\$23500

Number of Medical Professionals Trained	350
Number of Hospital Patients Educated	4200
Number of Citizens Exposed to Health Education Messages	6000

Statement Six: Charity Statement

Hospital Charity Charges	\$148378
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$74189	
HCI Payments	\$0		
Subtotal	\$0	\$74189	\$-74189
Medicaid Shortfalls	\$1179325	\$3232589	
Subtotal	\$1179325	\$3306778	\$-2127453
DSH Payments	\$0		
Subtotal	\$1179325	\$3306778	\$-2127453
Medicare Shortfalls	\$9798318	\$11420873	
Other Government Programs	\$0	\$0	
Total	\$10977643	\$14727651	\$-3750008

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