



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: JAY COUNTY HOSPITAL

City of Hospital: Portland

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

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

Medicare Provider Number: 15-1320

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14320490
Outpatient Patient Service Revenue	\$52990479
Total Gross Patient Service Revenue	\$67310969

#### 2. Deductions From Revenue

Contractual Allowance	\$291030735
Other Deductions	\$0
Total Deductions	\$291030735

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$38180234
Other Operating Revenue	\$468033
Total Operating Revenue	\$38648267

#### 4. Operating Expenses

Salaries and Wages	\$13800576	Employee Benefits	\$4714081
Depreciation and Amortization	\$2132451	Interest Expense	\$0
Bad Debt	\$5877751	Other Expenses	\$11077148
Total Operating Expenses	\$37602007		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1046260	Total Assets	\$42435000
Net Non-operating Gains over Loss	\$223761	Total Liabilities	\$2049468
Total Net Gains	\$1270021		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$25312184	\$13416406	\$11895778
Medicaid	\$7215842	\$4116489	\$3099353
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$34782943	\$11597840	\$23185103
Total	\$67310969	\$29130735	\$38180234

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$60531	\$0	\$60531

**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	\$141496
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,953,189		
Subtotal	\$1953189	\$0	\$1953189
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1953189	\$0	\$1953189

**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