



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: KENTUCKIANA MEDICAL CENTER LLC

City of Hospital: Clarksville

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

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

Medicare Provider Number: 15-0176

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$48754444
Outpatient Patient Service Revenue	\$12274855
Total Gross Patient Service Revenue	\$61029299

2. Deductions From Revenue

Contractual Allowance	\$33135709
Other Deductions	\$8288018
Total Deductions	\$41423727

3. Total Operating Revenue

Net Patient Service Revenue	\$19605572
Other Operating Revenue	\$377161
Total Operating Revenue	\$19982733

4. Operating Expenses

Salaries and Wages	\$6998291	Employee Benefits	\$2001983
Depreciation and Amortization	\$1416050	Interest Expense	\$1425538
Bad Debt	\$575181	Other Expenses	\$16406170
Total Operating Expenses	\$28823213		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$7888717
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$36551605
Total Net Gains	\$0		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$44375655	\$27288108	\$17087547
Medicaid	\$6838555	\$5812772	\$1025783
Other Government	\$19374	\$34829	\$-15455
Other State	\$0	\$0	\$0
Other Payers	\$9795714	\$8288018	\$1507696
Total	\$61029298	\$41423727	\$19605571

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	\$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	\$354931
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$146486	
HCI Payments	\$0		
Subtotal	\$0	\$146486	\$-146486
Medicaid Shortfalls	\$1025783	\$2822388	
Subtotal	\$1025783	\$2968874	\$-1943091
DSH Payments	\$0		
Subtotal	\$1025783	\$2968874	\$-1943091
Medicare Shortfalls	\$17087547	\$18314587	
Other Government Programs	\$0	\$0	
Total	\$18113330	\$21283461	\$-3170131

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	\$553231	\$-553231
Other Allocations	\$0	\$0	\$0