



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: PHYSICIANS MEDICAL CENTER

City of Hospital: New Albany

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

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

Medicare Provider Number: 15-0172

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10541033
Outpatient Patient Service Revenue	\$31077654
Total Gross Patient Service Revenue	\$41618687

#### 2. Deductions From Revenue

Contractual Allowance	\$31158151
Other Deductions	\$0
Total Deductions	\$31158151

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$10460536
Other Operating Revenue	\$38159
Total Operating Revenue	\$10498695

#### 4. Operating Expenses

Salaries and Wages	\$3015012	Employee Benefits	\$536542
Depreciation and Amortization	\$647971	Interest Expense	\$46516
Bad Debt	\$416053	Other Expenses	\$5150946
Total Operating Expenses	\$9813040		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$685655	Total Assets	\$5360557
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3332041
Total Net Gains	\$685655		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$13947101	\$10552672	\$3394429
Medicaid	\$3689412	\$3198380	\$491032
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23982174	\$17407099	\$6575075
Total	\$41618687	\$31158151	\$10460536

**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	\$0
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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	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

**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