



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: PUTNAM COUNTY HOSPITAL

City of Hospital: GREENCASTLE

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

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

Medicare Provider Number: 151333

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13890764	Contractual Allowance	\$31748653
Outpatient Patient Service Revenue	\$53371287	Other Deductions	\$1004736
Total Gross Patient Service Revenue	\$67262051	Total Deductions	\$32753389

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$34508662
Other Operating Revenue	\$254719
Total Operating Revenue	\$34763381

#### 4. Operating Expenses

Salaries and Wages	\$15904626	Employee Benefits	\$4270853
Depreciation and Amortization	\$1715695	Interest Expense	\$520169
Bad Debt	\$5173897	Other Expenses	\$10369230
Total Operating Expenses	\$37954470		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2186353	Total Assets	\$29771865
Net Non-operating Gains over Loss	\$596832	Total Liabilities	\$17210782
Total Net Gains	\$-1589521		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$29654070	\$14840874	\$14813196
Medicaid	\$8216904	\$7067590	\$1149314
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24431501	\$7071602	\$17359899
Total	\$62302475	\$28980066	\$33322409

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$12600	\$14617	\$-2017

### 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	\$42000	\$-42000
Community Education	\$0	\$48000	\$-48000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	6,000
Number of Citizens Exposed to Health Education Messages	21,000

### Statement Six: Charity Statement

Hospital Charity Charges	\$1004736
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$452131	
HCI Payments	\$0		
Subtotal	\$0	\$452131	\$-452131
Medicaid Shortfalls	\$264641	\$392060	
Subtotal	\$264641	\$844191	\$-579550
DSH Payments	\$1,482,975		
Subtotal	\$1747616	\$844191	\$903425
Medicare Shortfalls	\$10417657	\$10318904	
Other Government Programs	\$0	\$0	
Total	\$12165273	\$11163095	\$1002178

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$48069	\$-48069
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0