



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: REID HOSPITAL & HEALTH CARE SERVICES, INC.

City of Hospital: Richmond

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

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

Medicare Provider Number: 150048

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$240070070
Outpatient Patient Service Revenue	\$363627113
Total Gross Patient Service Revenue	\$603697183

2. Deductions From Revenue

Contractual Allowance	\$271875832
Other Deductions	\$16811358
Total Deductions	\$288687190

3. Total Operating Revenue

Net Patient Service Revenue	\$315009988
Other Operating Revenue	\$7799827
Total Operating Revenue	\$322809815

4. Operating Expenses

Salaries and Wages	\$113520206	Employee Benefits	\$35304576
Depreciation and Amortization	\$33026488	Interest Expense	\$11973056
Bad Debt	\$27365169	Other Expenses	\$122235920
Total Operating Expenses	\$343425415		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-20615600	Total Assets	\$589577525
Net Non-operating Gains over Loss	\$13243224	Total Liabilities	\$254442195
Total Net Gains	\$-7372376		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$323715999	\$194096934	\$129619065
Medicaid	\$69651498	\$57553506	\$12097992
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$210141043	\$36848112	\$173292931
Total	\$603508540	\$288498552	\$315009988

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$77986	\$188578	\$-110592

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	\$35834	\$201815	\$-165981
Hospital Patients	\$0	\$1096857	\$-1096857
Community Education	\$0	\$37742	\$-37742

Number of Medical Professionals Trained	16
Number of Hospital Patients Educated	22268
Number of Citizens Exposed to Health Education Messages	34158

Statement Six: Charity Statement

Hospital Charity Charges	\$16811358
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7689515	
HCI Payments	\$0		
Subtotal	\$0	\$7689515	\$-7689515
Medicaid Shortfalls	\$11444640	\$26624483	
Subtotal	\$11444640	\$34313998	\$-22869358
DSH Payments	\$0		
Subtotal	\$11444640	\$34313998	\$-22869358
Medicare Shortfalls	\$115293203	\$127151731	
Other Government Programs	\$0	\$0	
Total	\$126737843	\$161465729	\$-34727886

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$501426	\$-501426
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$178719	\$-178719
Other Allocations	\$0	\$0	\$0