



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

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

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

Medicare Provider Number: 151304

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5223776	Contractual Allowance	\$27025963
Outpatient Patient Service Revenue	\$45422357	Other Deductions	\$598127
Total Gross Patient Service Revenue	\$50646133	Total Deductions	\$27624090

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$23022043
Other Operating Revenue	\$1173121
Total Operating Revenue	\$24195164

#### 4. Operating Expenses

Salaries and Wages	\$10676175	Employee Benefits	\$2145289
Depreciation and Amortization	\$1282530	Interest Expense	\$208503
Bad Debt	\$3271400	Other Expenses	\$7015188
Total Operating Expenses	\$24599085		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-403921	Total Assets	\$17873456
Net Non-operating Gains over Loss	\$163576	Total Liabilities	\$7054270
Total Net Gains	\$-240345		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22616354	\$13009190	\$9607164
Medicaid	\$8203390	\$6630679	\$1572711
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19826389	\$7984221	\$11842168
Total	\$50646133	\$27624090	\$23022043

**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	\$14037	\$-14037
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	\$576147
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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	\$592,864		
Subtotal	\$592864	\$0	\$592864
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$592864	\$0	\$592864

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4065	\$16709	\$-12644
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0