



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12624870
Outpatient Patient Service Revenue	\$26821100
Total Gross Patient Service Revenue	\$39445970

2. Deductions From Revenue

Contractual Allowance	\$19935051
Other Deductions	\$659105
Total Deductions	\$20594156

3. Total Operating Revenue

Net Patient Service Revenue	\$18851814
Other Operating Revenue	\$237797
Total Operating Revenue	\$19089611

4. Operating Expenses

Salaries and Wages	\$7083000	Employee Benefits	\$1776364
Depreciation and Amortization	\$867268	Interest Expense	\$194750
Bad Debt	\$4188820	Other Expenses	\$4695340
Total Operating Expenses	\$18805542		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$284069	Total Assets	\$9853065
Net Non-operating Gains over Loss	\$30823	Total Liabilities	\$9853065
Total Net Gains	\$314892		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$18547994	\$10197301	\$8350693
Medicaid	\$5440649	\$5145627	\$295022
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15457327	\$5251228	\$10206099
Total	\$39445970	\$20594156	\$18851814

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	\$3393424
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$537806	
HCI Payments	\$0		
Subtotal	\$0	\$537806	\$-537806
Medicaid Shortfalls	\$295022	\$1971546	
Subtotal	\$295022	\$2509352	\$-2214330
DSH Payments	\$0		
Subtotal	\$295022	\$2509352	\$-2214330
Medicare Shortfalls	\$6674170	\$6721298	
Other Government Programs	\$0	\$0	
Total	\$6969192	\$9230650	\$-2261458

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$84761	\$-84761
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$1047205	\$-1047205