



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

## I. Identification of Organization

Hospital Name: HANCOCK REGIONAL HOSPITAL

City of Hospital: Greendfield

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the Report: Lori Forth

Email Address: lforth@hancockregional.org

Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60208770
Outpatient Patient Service Revenue	\$139884743
Total Gross Patient Service Revenue	\$200093513

## 2. Deductions From Revenue

Contractual Allowance	\$102246387
Other Deductions	\$0
Total Deductions	\$102246387

## 3. Total Operating Revenue

Net Patient Service Revenue	\$97847127
Other Operating Revenue	\$12889865
Total Operating Revenue	\$110736992

## 4. Operating Expenses

Salaries and Wages	\$37852735	Employee Benefits	\$11758956
Depreciation and Amortization	\$7410729	Interest Expense	\$1624523
Bad Debt	\$9855324	Other Expenses	\$38884481
Total Operating Expenses	\$107386748		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3350245	Total Assets	\$147367899
Net Non-operating Gains over Loss	\$5695093	Total Liabilities	\$-147367899
Total Net Gains	\$9045338		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$100082335	\$71977878	\$28104457
Medicaid	\$16158847	\$10756915	\$5401932
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$83852332	\$19511595	\$64340737
Total	\$200093514	\$102246388	\$97847126

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$11959	\$0	\$11959

## 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	\$60120	\$180802	\$-120682
Hospital Patients	\$1912	\$25676	\$-23764
Community Education	\$25420	\$180707	\$-155287

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Number of Medical Professionals Trained	15
Number of Hospital Patients Educated	91
Number of Citizens Exposed to Health Education Messages	92855

Statement Six: Charity Statement
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Hospital Charity Charges	\$4556003
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4474593	
HCI Payments	\$0		
Subtotal	\$0	\$4474593	\$-4474593
Medicaid Shortfalls	\$4918981	\$8062547	
Subtotal	\$4918981	\$8062547	\$-3143566
DSH Payments	\$561,468		
Subtotal	\$5480449	\$8062547	\$-2582098
Medicare Shortfalls	\$16961557	\$61824728	
Other Government Programs	\$0	\$0	
Total	\$22442006	\$69887275	\$-47445269

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$1058
Community Assessment	\$0	\$93165	\$-9987
Provision of Taxes	\$9234	\$328286	\$-319052
Other Allocations	\$0	\$0	\$0

Comments



