



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: HENRY COUNTY MEMORIAL HOSPITAL

City of Hospital: NEW CASTLE

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

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

Person Completing the Report: Diane York

Email Address: yorkd@hcmhcares.org

Medicare Provider Number: 15-0030

Statement One: Summary of Revenue and Expenses
--

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60983686
Outpatient Patient Service Revenue	\$108820814
Total Gross Patient Service Revenue	\$169804500

## 2. Deductions From Revenue

Contractual Allowance	\$93843140
Other Deductions	\$2902843
Total Deductions	\$96745983

## 3. Total Operating Revenue

Net Patient Service Revenue	\$73058517
Other Operating Revenue	\$6696071
Total Operating Revenue	\$79754588

## 4. Operating Expenses

Salaries and Wages	\$24015970	Employee Benefits	\$8035452
Depreciation and Amortization	\$4436631	Interest Expense	\$519225
Bad Debt	\$8958349	Other Expenses	\$25913718
Total Operating Expenses	\$71879345		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7875243	Total Assets	\$103544107
Net Non-operating Gains over Loss	\$-315	Total Liabilities	\$27737029
Total Net Gains	\$7874928		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$78796995	\$57463771	\$21333224
Medicaid	\$25148168	\$10329158	\$14819010
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$65859337	\$26050211	\$39809126
Total	\$169804500	\$93843140	\$75961360

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$35194	\$35194	\$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	\$618111	\$-618111
Hospital Patients	\$0	\$1271626	\$-1271626
Community Education	\$5598	\$174138	\$-168540

--	--

Number of Medical Professionals Trained	352
Number of Hospital Patients Educated	78687
Number of Citizens Exposed to Health Education Messages	27000

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$4482545
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1437402	
HCI Payments	\$0		
Subtotal	\$0	\$1437402	\$-1437402
Medicaid Shortfalls	\$12324224	\$8062301	
Subtotal	\$12324224	\$9499703	\$2824521
DSH Payments	\$0		
Subtotal	\$12324224	\$9499703	\$2824521
Medicare Shortfalls	\$22644470	\$25261686	
Other Government Programs	\$828579	\$272105	
Total	\$35797273	\$35033494	\$763779

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$398666	\$-398666
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$21737	\$-21737
Other Allocations	\$0	\$30155	\$-30155

Comments



