



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: CAMERON MEMORIAL COMMUNITY HOSPITAL, INC.

City of Hospital: Angola

Year Begin: 10/01/2012 (mm/dd/yyyy format)

Year End: 09/30/2013 (mm/dd/yyyy format)

Person Completing the
 Report: Wendy Stamper

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Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16980336
Outpatient Patient Service Revenue	\$75704245
Total Gross Patient Service Revenue	\$92684581

2. Deductions From Revenue

Contractual Allowance	\$43576649
Other Deductions	\$0
Total Deductions	\$43576649

3. Total Operating Revenue

Net Patient Service Revenue	\$49107932
Other Operating Revenue	\$2794915
Total Operating Revenue	\$51902847

4. Operating Expenses

Salaries and Wages	\$15813893	Employee Benefits	\$5032891
Depreciation and Amortization	\$2505313	Interest Expense	\$305316
Bad Debt	\$4891286	Other Expenses	\$19986031
Total Operating Expenses	\$48534730		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3368117	Total Assets	\$90253935
Net Non-operating Gains over Loss	\$2322145	Total Liabilities	\$90253935
Total Net Gains	\$5690262		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25946133	\$14635469	\$11310664
Medicaid	\$10013568	\$7341833	\$2671735
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$56724880	\$21599347	\$35125533
Total	\$92684581	\$43576649	\$49107932

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$670801	\$0	\$670801

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	\$63197	\$92417	\$-29220

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	1730

Statement Six: Charity Statement

Hospital Charity Charges	\$1615733
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$823701	
HCI Payments	\$0		
Subtotal	\$0	\$823701	\$-823701
Medicaid Shortfalls	\$2671735	\$5104917	
Subtotal	\$2671735	\$5104917	\$-2433182
DSH Payments	\$0		
Subtotal	\$2671735	\$5104917	\$-2433182
Medicare Shortfalls	\$11310664	\$13227339	
Other Government Programs	\$0	\$0	
Total	\$13982399	\$18332256	\$-4349857

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$63197	\$92417	\$-29220
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$147636	\$-147636
Other Allocations	\$0	\$0	\$0

