



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: COMMUNITY HOSPITAL OF BREMEN, INC.

City of Hospital: Bremen

Year Begin: 05/01/2012 (mm/dd/yyyy format)

Year End: 04/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Debra Kipfer

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Medicare Provider Number: 15-1300

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

Inpatient Patient Service Revenue	\$7255314
Outpatient Patient Service Revenue	\$21559177
Total Gross Patient Service Revenue	\$28814491

2. Deductions From Revenue

Contractual Allowance	\$11695268
Other Deductions	\$788285
Total Deductions	\$12483553

3. Total Operating Revenue

Net Patient Service Revenue	\$16330937
Other Operating Revenue	\$945127
Total Operating Revenue	\$17276064

4. Operating Expenses

Salaries and Wages	\$6145446	Employee Benefits	\$1384295
Depreciation and Amortization	\$1219640	Interest Expense	\$679904
Bad Debt	\$575351	Other Expenses	\$6452654
Total Operating Expenses	\$16457290		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$818774	Total Assets	\$23209444
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$23209444
Total Net Gains	\$818774		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$9508782	\$4101286	\$5407496
Medicaid	\$2305159	\$2077501	\$227658
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17000550	\$5532754	\$11467796
Total	\$28814491	\$11711541	\$17102950

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	\$22923	\$-22923
Hospital Patients	\$0	\$0	\$0
Community Education	\$10508	\$56205	\$-45697

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Number of Medical Professionals Trained	65
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	5945

Statement Six: Charity Statement

Hospital Charity Charges	\$788285
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1112610	
HCI Payments	\$0		
Subtotal	\$0	\$1112610	\$-1112610
Medicaid Shortfalls	\$608424	\$1131834	
Subtotal	\$608424	\$2244444	\$-1636020
DSH Payments	\$0		
Subtotal	\$608424	\$2244444	\$-1636020
Medicare Shortfalls	\$5105688	\$4988533	
Other Government Programs	\$0	\$0	
Total	\$5714112	\$7232977	\$-1518865

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$452036	\$1713788	\$-1261752
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



