



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: FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.

City of Hospital: CONNERSVILLE

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

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

Person Completing the Report: Cindy Rapp

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Medicare Provider Number: 15-0064

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

Inpatient Patient Service Revenue	\$29214213
Outpatient Patient Service Revenue	\$88442069
Total Gross Patient Service Revenue	\$117656282

2. Deductions From Revenue

Contractual Allowance	\$58238019
Other Deductions	\$0
Total Deductions	\$58238019

3. Total Operating Revenue

Net Patient Service Revenue	\$59418263
Other Operating Revenue	\$2261645
Total Operating Revenue	\$61679908

4. Operating Expenses

Salaries and Wages	\$25843920	Employee Benefits	\$5680948
Depreciation and Amortization	\$2943943	Interest Expense	\$1474457
Bad Debt	\$5797559	Other Expenses	\$19897919
Total Operating Expenses	\$61638746		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$41162	Total Assets	\$62872069
Net Non-operating Gains over Loss	\$2784242	Total Liabilities	\$33375724
Total Net Gains	\$2825404		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40221335	\$30122633	\$10098702
Medicaid	\$24646033	\$17123962	\$7522071
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$39281088	\$2968079	\$36313009
Total	\$104148456	\$50214674	\$53933782

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$355891	\$355891	\$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

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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	\$4789149
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$57966	\$253346	
HCI Payments	\$0		
Subtotal	\$57966	\$253346	\$-195380
Medicaid Shortfalls	\$7522071	\$438537	
Subtotal	\$7580037	\$691883	\$6888154
DSH Payments	\$0		
Subtotal	\$7580037	\$691883	\$6888154
Medicare Shortfalls	\$10098702	\$219142	
Other Government Programs	\$0	\$0	
Total	\$17678739	\$911025	\$16767714

Statement Seven: Subsidized Health Services for the Community

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

Comments



