



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: GIBSON GENERAL HOSPITAL, INC.

City of Hospital: Princeton

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

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

Person Completing the Report: Dawn Michel

Email Address: dmichel@gibsongeneral.com

Medicare Provider Number: 151319

Statement One: Summary of Revenue and Expenses
--

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11693633
Outpatient Patient Service Revenue	\$38517476
Total Gross Patient Service Revenue	\$50211109

## 2. Deductions From Revenue

Contractual Allowance	\$19744643
Other Deductions	\$1115009
Total Deductions	\$20859652

## 3. Total Operating Revenue

Net Patient Service Revenue	\$29351457
Other Operating Revenue	\$819096
Total Operating Revenue	\$30170553

## 4. Operating Expenses

Salaries and Wages	\$10751666	Employee Benefits	\$2878549
Depreciation and Amortization	\$1047438	Interest Expense	\$321926
Bad Debt	\$3764712	Other Expenses	\$9736393
Total Operating Expenses	\$28500684		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1669868	Total Assets	\$24681569
Net Non-operating Gains over Loss	\$-1324606	Total Liabilities	\$12998929
Total Net Gains	\$345262		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21207066	\$11479002	\$9728064
Medicaid	\$6831507	\$4670757	\$2160750
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22172537	\$3594884	\$18577653
Total	\$50211110	\$19744643	\$30466467

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$51013	\$0	\$51013

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

--	--

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

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

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1115009	
HCI Payments	\$0		
Subtotal	\$0	\$1115009	\$-1115009
Medicaid Shortfalls	\$2160750	\$3735170	
Subtotal	\$2160750	\$4850179	\$-2689429
DSH Payments	\$0		
Subtotal	\$2160750	\$4850179	\$-2689429
Medicare Shortfalls	\$9728064	\$11595099	
Other Government Programs	\$0	\$0	
Total	\$11888814	\$16445278	\$-4556464

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



