



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: 05/01/0013 (mm/dd/yyyy format)

Year End: 04/30/0014 (mm/dd/yyyy format)

Person Completing the Report: Amy Lashbrook

Email Address: alashbrook@bremenhospital.com

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	\$5344749
Outpatient Patient Service Revenue	\$24075221
Total Gross Patient Service Revenue	\$29419970

2. Deductions From Revenue

Contractual Allowance	\$12778985
Other Deductions	\$870509
Total Deductions	\$13649494

3. Total Operating Revenue

Net Patient Service Revenue	\$15770476
Other Operating Revenue	\$1416601
Total Operating Revenue	\$17187077

4. Operating Expenses

Salaries and Wages	\$5879724	Employee Benefits	\$1408235
Depreciation and Amortization	\$1212200	Interest Expense	\$665263
Bad Debt	\$626232	Other Expenses	\$7061285
Total Operating Expenses	\$16852939		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$334139	Total Assets	\$22674757
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$22674757
Total Net Gains	\$334139		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$9579666	\$4415150	\$5164516
Medicaid	\$2444336	\$2115029	\$329307
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17395968	\$7119315	\$10276653
Total	\$29419970	\$13649494	\$15770476

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	\$165	\$26188	\$-26023
Hospital Patients	\$0	\$0	\$0
Community Education	\$8824	\$58892	\$-50068

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Number of Medical Professionals Trained	69
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	5846

Statement Six: Charity Statement

Hospital Charity Charges	\$870509
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$517192	
HCI Payments	\$0		
Subtotal	\$0	\$517192	\$-517192
Medicaid Shortfalls	\$331483	\$1452244	
Subtotal	\$331483	\$1969436	\$-1637953
DSH Payments	\$0		
Subtotal	\$331483	\$1969436	\$-1637953
Medicare Shortfalls	\$4733129	\$5429576	
Other Government Programs	\$0	\$0	
Total	\$5064612	\$7399012	\$-2334400

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$419354	\$1303145	\$-883791
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



