



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HANCOCK REGIONAL HEALTH

City of Hospital: Greenfield

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 150037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67437262
Outpatient Patient Service Revenue	\$108898092
Total Gross Patient Service Revenue	\$176335354

2. Deductions From Revenue

Contractual Allowance	\$88427067
Other Deductions	\$0
Total Deductions	\$88427067

3. Total Operating Revenue

Net Patient Service Revenue	\$87908288
Other Operating Revenue	\$6410335
Total Operating Revenue	\$94318623

4. Operating Expenses

Salaries and Wages	\$35583409	Employee Benefits	\$10105271
Depreciation and Amortization	\$7247291	Interest Expense	\$1575638
Bad Debt	\$10155216	Other Expenses	\$27867298
Total Operating Expenses	\$92534123		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1784500	Total Assets	\$136499412
Net Non-operating Gains over Loss	\$3689888	Total Liabilities	\$136499412
Total Net Gains	\$5474388		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$86504719	\$50493193	\$36011526
Medicaid	\$14709077	\$4134227	\$10574850
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$75121558	\$33799648	\$41321910
Total	\$176335354	\$88427068	\$87908286

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$62730	\$0	\$62730

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	\$69500	\$157911	\$-88411
Hospital Patients	\$4743	\$78381.00	\$-73638
Community Education	\$12864	\$212588	\$-199724

Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	223
Number of Citizens Exposed to Health Education Messages	86074

Statement Six: Charity Statement

Hospital Charity Charges	\$4080576
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3228663	
HCI Payments	\$0		
Subtotal	\$0	\$3228663	\$-3228663
Medicaid Shortfalls	\$3213794	\$13373982	
Subtotal	\$3213794	\$13373982	\$-10160188
DSH Payments	\$2,214,561		
Subtotal	\$5428355	\$13373982	\$-7945627
Medicare Shortfalls	\$22737971	\$57873552	
Other Government Programs	\$0	\$0	
Total	\$28166326	\$71247534	\$-43081208

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$18681	\$10447	\$8234
Community Assessment	\$34643	\$41572	\$-6929
Provision of Taxes	\$7110	\$50061	\$-42951
Other Allocations	\$0	\$0	\$0