



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* REID HOSPITAL & HEALTH CARE SERVICES, INC.

*City of Hospital:* Richmond

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

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

*Medicare Provider Number:* 150048

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

|  |                    |
|--|--------------------|
| Inpatient Patient Service Revenue          | \$226613329        |
| Outpatient Patient Service Revenue         | \$317992734        |
| <b>Total Gross Patient Service Revenue</b> | <b>\$544606063</b> |

#### 2. Deductions From Revenue

|                         |                    |
|-------------------------|--------------------|
| Contractual Allowance   | \$238850539        |
| Other Deductions        | \$20087089         |
| <b>Total Deductions</b> | <b>\$258937628</b> |

#### 3. Total Operating Revenue

|                                |                    |
|--------------------------------|--------------------|
| Net Patient Service Revenue    | \$287668433        |
| Other Operating Revenue        | \$7092942          |
| <b>Total Operating Revenue</b> | <b>\$294761375</b> |

#### 4. Operating Expenses

|                                 |                    |                   |             |
|---------------------------------|--------------------|-------------------|-------------|
| Salaries and Wages              | \$104324884        | Employee Benefits | \$28767893  |
| Depreciation and Amortization   | \$31379299         | Interest Expense  | \$10910546  |
| Bad Debt                        | \$28600759         | Other Expenses    | \$120316355 |
| <b>Total Operating Expenses</b> | <b>\$324299736</b> |                   |             |

#### 5. Net Revenue and Expenses

|                                   |                    |                   |             |
|-----------------------------------|--------------------|-------------------|-------------|
| Excess Revenue over Expenses      | \$-29538361        | Total Assets      | \$614733327 |
| Net Non-operating Gains over Loss | \$9218618          | Total Liabilities | \$236022591 |
| <b>Total Net Gains</b>            | <b>\$-20319743</b> |                   |             |

### Statement Two: Contractual Allowance

|                |                       |                       |                               |
|----------------|-----------------------|-----------------------|-------------------------------|
| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|

|                  |             |             |             |
|------------------|-------------|-------------|-------------|
| Medicare         | \$289143110 | \$169127350 | \$120015760 |
| Medicaid         | \$57499723  | \$50546719  | \$6953004   |
| Other Government | \$0         | \$0         | \$0         |
| Other State      | \$0         | \$0         | \$0         |
| Other Payers     | \$197963228 | \$17176470  | \$180786758 |
| Total            | \$544606061 | \$236850539 | \$307755522 |

### Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$399685                   | \$207409                    | \$192276                |

### 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 | \$24179                    | \$253562                    | \$-229383               |
| Hospital Patients     | \$0                        | \$1100609                   | \$-1100609              |
| Community Education   | \$0                        | \$25865                     | \$-25865                |

|   |       |
|---|-------|
| Number of Medical Professionals Trained                 | 13    |
| Number of Hospital Patients Educated                    | 22263 |
| Number of Citizens Exposed to Health Education Messages | 33369 |

### Statement Six: Charity Statement

|                          |            |
|--------------------------|------------|
| Hospital Charity Charges | \$20087089 |
|--------------------------|------------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$9286261              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$9286261              | \$-9286261                     |
| Medicaid Shortfalls       | \$11511868            | \$23777269             |                                |
| Subtotal                  | \$11511868            | \$33063530             | \$-21551662                    |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$11511868            | \$33063530             | \$-21551662                    |
| Medicare Shortfalls       | \$106136555           | \$112703195            |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$117648423           | \$145766725            | \$-28118302                    |

**Statement Seven: Subsidized Health Services for the Community**

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$343640                    | \$-343640               |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$134763                    | \$-134763               |
| Other Allocations    | \$0                        | \$0                         | \$0                     |