



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: SULLIVAN COUNTY COMMUNITY HOSPITAL

City of Hospital: SULLIVAN

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

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-1327

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11929955	Contractual Allowance	\$26417049
Outpatient Patient Service Revenue	\$41096706	Other Deductions	\$0
Total Gross Patient Service Revenue	\$53026661	Total Deductions	\$26417049

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$26609612
Other Operating Revenue	\$147459
Total Operating Revenue	\$26757071

#### 4. Operating Expenses

Salaries and Wages	\$9184308	Employee Benefits	\$2549694
Depreciation and Amortization	\$1652367	Interest Expense	\$61337
Bad Debt	\$4301945	Other Expenses	\$7436629
Total Operating Expenses	\$25186280		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1570791	Total Assets	\$34335553
Net Non-operating Gains over Loss	\$-104208	Total Liabilities	\$5662223
Total Net Gains	\$1466583		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22073417	\$13226585	\$8846832
Medicaid	\$2546451	\$1621177	\$925274
Other Government	\$1342697	\$872663	\$470034
Other State	\$4485170	\$4075787	\$409383
Other Payers	\$22578926	\$6620837	\$15958089
Total	\$53026661	\$26417049	\$26609612

**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	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$2520	\$2520	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	4000

**Statement Six: Charity Statement**

Hospital Charity Charges	\$93066
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$55840	
HCI Payments	\$0		
Subtotal	\$0	\$55840	\$-55840
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

**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