



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11384063	Contractual Allowance	\$20467886
Outpatient Patient Service Revenue	\$30311603	Other Deductions	\$680902
Total Gross Patient Service Revenue	\$41695666	Total Deductions	\$21148788

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$20546878
Other Operating Revenue	\$283275
Total Operating Revenue	\$20830153

4. Operating Expenses

Salaries and Wages	\$6951827	Employee Benefits	\$1534939
Depreciation and Amortization	\$799650	Interest Expense	\$182091
Bad Debt	\$5866879	Other Expenses	\$5853748
Total Operating Expenses	\$21189134		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-358981	Total Assets	\$10305799
Net Non-operating Gains over Loss	\$2616	Total Liabilities	\$10305799
Total Net Gains	\$-356365		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$19259770	\$10536265	\$8723505
Medicaid	\$6573852	\$5287555	\$1286297
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15862044	\$5324968	\$10537076
Total	\$41695666	\$21148788	\$20546878

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	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$3556268
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$562505	
HCI Payments	\$0		
Subtotal	\$0	\$562505	\$-562505
Medicaid Shortfalls	\$1286297	\$3364899	
Subtotal	\$1286297	\$3927404	\$-2641107
DSH Payments	\$0		
Subtotal	\$1286297	\$3927404	\$-2641107
Medicare Shortfalls	\$7318495	\$6683253	
Other Government Programs	\$0	\$0	
Total	\$8604792	\$10610657	\$-2005865

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$83683	\$-83683
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$1466720	\$-1466720