



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* COMMUNITY HOSPITAL (ANDERSON)

*City of Hospital:* Anderson

*Year Begin:* 01012007

*Year End:* 12312007

*Medicare Provider Number:* 15-0113

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$92,436,456
Outpatient Patient Service Revenue	\$156,160,930
<b>Total Gross Patient Service Revenue</b>	<b>\$248,597,386</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$93,925,020
Other Deductions	\$38,848,887
<b>Total Deductions</b>	<b>\$132,773,907</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$115,823,479
Other Operating Revenue	\$6,854,473
<b>Total Operating Revenue</b>	<b>\$122,677,952</b>

#### 4. Operating Expenses

Salaries and Wages	\$47,967,935	Employee Benefits	\$8,729,656
Depreciation and Amortization	\$6,810,979	Interest Expense	\$1,613,845
Bad Debt	\$7,496,058	Other Expenses	\$39,170,771
<b>Total Operating Expenses</b>	<b>\$111,789,244</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10,888,708	Total Assets	\$11,117,095
Net Non-operating Gains over Loss	\$5,295,852	Total Liabilities	\$36,693,984
<b>Total Net Gains</b>	<b>\$16,184,560</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	\$110,779,013	\$74,482,333	\$36,296,680
Medicaid	\$28,324,321	\$19,442,687	\$8,881,634
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$109,494,051	\$38,848,887	\$70,645,164
Total	\$248,597,385	\$132,773,907	\$115,823,478

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$933,291	\$432,356	\$500,935

**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	\$11,866	\$77,722	(\$65,856)

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	\$10,316,058
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	Payments from	Less Costs to	Unreimbursed
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	Clients	Hospital	Costs to Hospital
Charity Care	\$0	\$3,703,908	
HCI Payments	\$0		
Subtotal	\$0	\$3,703,908	(\$3,703,908)
Medicaid Shortfalls	\$5,463,507	\$13,009,999	
Subtotal	\$5,463,507	\$16,713,907	(\$11,250,400)
DSH Payments	\$0		
Subtotal	\$5,463,507	\$16,713,907	(\$11,250,400)
Medicare Shortfalls	\$31,892,713	\$33,213,503	
Other Government Programs	\$136,126	\$0	
Total	\$37,492,346	\$49,927,410	(\$12,435,064)

<b>Statement Seven: Subsidized Health Services for the Community</b>
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	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