



Hospital Fiscal Report

State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PINNACLE HOSPITAL

City of Hospital: Crown Point

Year Begin: 01/01/2007 (mm/dd/yyyy format)

Year End: 12/31/2007 (mm/dd/yyyy format)

Medicare Provider Number: 150166

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8535439.5
Outpatient Patient Service Revenue	\$14441354
Total Gross Patient Service Revenue	\$22976793.5

2. Deductions From Revenue

Contractual Allowance	\$9909972
Other Deductions	\$358969.02
Total Deductions	\$10268941.02

3. Total Operating Revenue

Net Patient Service Revenue	\$12707943
Other Operating Revenue	\$41926
Total Operating Revenue	\$12749869

4. Operating Expenses

Salaries and Wages	\$5032781.20	Employee Benefits	\$52773.76
Depreciation and Amortization	\$1007531	Interest Expense	\$-322301
Bad Debt	\$-168646	Other Expenses	\$0
Total Operating Expenses	\$5602138.96		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-350709	Total Assets	\$19500759
Net Non-operating Gains over Loss	\$-490947	Total Liabilities	\$19927330
Total Net Gains	\$-841656		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$7240256.36	\$5498878.54	\$1741377.82
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15736537.36	\$4411093.94	\$11325443.42
Total	\$22976793.72	\$9909972.48	\$13066821.24

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	\$10095.51
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$10095.51	\$0	
HCI Payments	\$0		
Subtotal	\$10095.51	\$0	\$10095.51
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$10095.51	\$0	\$10095.51
DSH Payments	\$0		
Subtotal	\$10095.51	\$0	\$10095.51
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$10095.51	\$0	\$10095.51

Statement Seven: Subsidized Health Services for the Community
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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