



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

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL (ANDERSON)

City of Hospital: Anderson

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Sandy Richie

Email Address: sandy.richie@ecommunity.com

Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$200538947
Outpatient Patient Service Revenue	\$254527216
Total Gross Patient Service Revenue	\$455066163

2. Deductions From Revenue

Contractual Allowance	\$200113206
Other Deductions	\$87446341
Total Deductions	\$287559547

3. Total Operating Revenue

Net Patient Service Revenue	\$167506616
Other Operating Revenue	\$8510856
Total Operating Revenue	\$176017472

4. Operating Expenses

Salaries and Wages	\$56419309	Employee Benefits	\$15581638
Depreciation and Amortization	\$7181057	Interest Expense	\$354878
Bad Debt	\$8627355	Other Expenses	\$48779799
Total Operating Expenses	\$136944036		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$30446081	Total Assets	\$213894614
Net Non-operating Gains over Loss	\$-6626672	Total Liabilities	\$24013671
Total Net Gains	\$23819409		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$228331630	\$171852806	\$56478824
Medicaid	\$56282178	\$28260400	\$28021778
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$170452365	\$87446341	\$83006024
Total	\$455066173	\$287559547	\$167506626

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$728799.74	\$774906.42	\$-46106.68

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	N/A	\$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	\$10525	\$14518	\$-3993

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	\$17373722
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1300911	\$4727826	
HCI Payments	\$0		
Subtotal	\$1300911	\$4727826	\$-3426915
Medicaid Shortfalls	\$21226815	\$18773610	
Subtotal	\$22527726	\$23501436	\$-973710
DSH Payments	\$7,844,602		
Subtotal	\$30372328	\$23501436	\$6870892
Medicare Shortfalls	\$73088955	\$62134767	
Other Government Programs	\$0	\$0	
Total	\$103461283	\$85636203	\$17825080

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

Comments