



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: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: Linton

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: April Settles

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Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12547346.67
Outpatient Patient Service Revenue	\$60993393.62
Total Gross Patient Service Revenue	\$73540740.29

2. Deductions From Revenue

Contractual Allowance	\$42509837.41
Other Deductions	\$0
Total Deductions	\$42509837.41

3. Total Operating Revenue

Net Patient Service Revenue	\$31030902.88
Other Operating Revenue	\$1458386.64
Total Operating Revenue	\$32489289.52

4. Operating Expenses

Salaries and Wages	\$11782806.37	Employee Benefits	\$2871898.16
Depreciation and Amortization	\$1106825.28	Interest Expense	\$344344.43
Bad Debt	\$5444059.75	Other Expenses	\$10112276.84
Total Operating Expenses	\$31662210.83		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$827078.69	Total Assets	\$21292291.40
Net Non-operating Gains over Loss	\$38967.62	Total Liabilities	\$13807814.85

Total Net Gains	\$866046.31
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$33975822.01	\$19639544.88	\$14336277.13
Medicaid	\$6324503.66	\$3655846.02	\$2668657.64
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$33240414.62	\$19214446.51	\$14025968.11
Total	\$73540740.29	\$42509837.41	\$31030902.88

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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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	11506
Number of Citizens Exposed to Health Education Messages	32211

Statement Six: Charity Statement
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Hospital Charity Charges	\$438478.92
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,198,096		
Subtotal	\$1,198,096	\$0	\$1,198,096
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1,198,096	\$0	\$1,198,096

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

Comments