



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: HARRISON COUNTY HOSPITAL

City of Hospital: Corydon

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Amanda Lutz

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Medicare Provider Number: 151331

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$34992501
Outpatient Patient Service Revenue	\$157093298
Total Gross Patient Service Revenue	\$192085799

2. Deductions From Revenue

Contractual Allowance	\$129863980
Other Deductions	\$0
Total Deductions	\$129863980

3. Total Operating Revenue

Net Patient Service Revenue	\$54288848
Other Operating Revenue	\$2295869
Total Operating Revenue	\$56584717

4. Operating Expenses

Salaries and Wages	\$27562933	Employee Benefits	\$5888025
Depreciation and Amortization	\$3275495	Interest Expense	\$363400
Bad Debt	\$7217639	Other Expenses	\$22245054
Total Operating Expenses	\$66552546		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2446789	Total Assets	\$49846853
Net Non-operating Gains over Loss	\$1050645	Total Liabilities	\$16926419
Total Net Gains	\$-1396144		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$85579872	\$0	\$85579872
Medicaid	\$39319070	\$0	\$39319070
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$67184286	\$0	\$67184286
Total	\$192083228	\$0	\$192083228

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$2082331	\$0	
HCI Payments	\$0		
Subtotal	\$2082331	\$0	\$2082331
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$2082331	\$0	\$2082331
DSH Payments	\$1,306,999		

Subtotal	\$3389330	\$0	\$3389330
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$3389330	\$0	\$3389330

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