



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: CAMERON MEMORIAL COMMUNITY HOSPITAL

City of Hospital: Angola

Year Begin: 10/01/2021 (mm/dd/yyyy format)

Year End: 09/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

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Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$30459447
Outpatient Patient Service Revenue	\$199614710
Total Gross Patient Service Revenue	\$230074157

2. Deductions From Revenue

Contractual Allowance	\$130596487
Other Deductions	\$4302658
Total Deductions	\$134899145

3. Total Operating Revenue

Net Patient Service Revenue	\$95393923
Other Operating Revenue	\$6586572
Total Operating Revenue	\$101980495

4. Operating Expenses

Salaries and Wages	\$36501310	Employee Benefits	\$10444289
Depreciation and Amortization	\$5074503	Interest Expense	\$1324269
Bad Debt	\$0	Other Expenses	\$38330648
Total Operating Expenses	\$91675019		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10305476	Total Assets	\$106396300
Net Non-operating Gains over Loss	\$-5546846	Total Liabilities	\$106396300

Total Net Gains	\$4758630
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46547223	\$28900160	\$17647063
Medicaid	\$34269309	\$25174888	\$9094421
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$149257625	\$80824097	\$68433528
Total	\$230074157	\$134899145	\$95175012

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$22853	\$0	\$22853

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	\$52277.71	\$-52277.71

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	235
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$-1744660
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$-645524	
HCI Payments	\$0		
Subtotal	\$0	\$-645524	\$645524
Medicaid Shortfalls	\$9094421	\$3364936	
Subtotal	\$9094421	\$3364936	\$5729485
DSH Payments	\$0		
Subtotal	\$9094421	\$3364936	\$5729485
Medicare Shortfalls	\$17647063	\$6529413	
Other Government Programs	\$0	\$0	
Total	\$26741484	\$9894349	\$16847135

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	\$52277.71	\$-52277.71
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$90052.55	\$-90052.55
Other Allocations	\$0	\$0	\$0

Comments