North Carolina Hospital Community Benefits Report

| Hospital Name | Margaret R. Pardee Memorial Hospital |
|---|---|
| Time Period | FY 2017 |
| Community Benefits | |
| A. Estimated Costs of Treating Charity Care Patients* | \$4,390,827 |
| B. Estimated unreimbursed costs of treating Medicare patients* | \$11,078,842 |
| C. Includes an adjustment in this period's Medicare revenues for extraordinary adjustments ¹ of: | \$0 |
| D. Without this Medicare adjustment, Medicare losses would have been $(B + C)$: | \$11,078,842 |
| E. Estimated unreimbursed costs of treating Medicaid patients* | \$3,351,451 |
| F. Includes an adjustment in this period's Medicaid | \$186,805 |
| revenues for extraordinary adjustments ¹ of: | |
| G. Without this Medicaid adjustment, Medicaid losses would have been $(E + F)$: | \$3,538,256 |
| H. Estimated unreimbursed costs of treating patients from other means-tested government programs * | \$0 |
| I. Includes an adjustment in this period's other meanstested government program revenues for extraordinary adjustments ¹ of: | \$0 |
| J. Without this adjustment, other means-tested gov. program losses would have been $(H + I)$: | \$0 |
| K. Community health improvement services & community benefit operations | \$541,787 |
| L. Health professions education | \$561,602 |
| M. Subsidized health services ² | \$0 |
| N. Research costs | \$422,887 |

| O. Cash and in-kind contributions to community groups | \$862,235 |
|--|--------------|
| P. Community Building Activities ³ | \$0 |
| Q. Total Community Benefits 1 with Settlements and Extraordinary Adjustments $(A + B + E + H + K + L + M + N + O + P)$ | \$21,209,631 |
| R. Total Community Benefits 1 without Settlements and Extraordinary Adjustments $(A + D + G + J + K + L + M + N + O + P)$ | \$21,396,436 |
| Bad Debt Costs | |
| S. Estimated costs of treating bad debt patients* | \$4,762,682 |
| Notes: | |

- (1) Notes about prior period adjustments
- (2) Notes about Subsidized health services
- (3) Notes about Community building activities

Additional Information:

Additional support received for any community benefit activities. These amounts have not been netted from Total Community Benefits. \$0

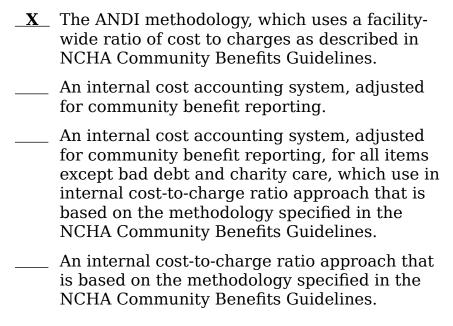
URL with additional information about this community benefits report not available

Other Notes

The data is based on 9 months as we changed fiscal years from 10/01 to 9/30 to 7/1 to 6/30. this data is for the period 10/01/16 to 6/30/17.

* Footnotes:

The costing methodology or source used to determine payer costs is:



All costing methodologies do not double-count expenses reported in other community benefit items. For example, amounts reported in Subsidized Health Services do not also appear in Medicaid losses.

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