

BALANCE SHEET		PROVIDER CCN: 11-0111	PERIOD: FROM: 01/01/2021 TO: 12/31/2021		WORKSHEET G
Assets (omit cents)		General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
1	Cash on hand and in banks				1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	7,905,069			4
5	Other receivables	780			5
6	Allowances for uncollectible notes and accounts receivable	(3,057,010)			6
7	Inventory	592,259			7
8	Prepaid expenses				8
9	Other current assets	281,153			9
10	Due from other funds				10
11	Total current assets (sum of lines 1 through 10)	16,176,578			11
FIXED ASSETS					
12	Land	1,314,519			12
13	Land improvements	368,679			13
14	Accumulated depreciation	(146,767)			14
15	Buildings	25,940,340			15
16	Accumulated depreciation	(4,550,118)			16
17	Leasehold improvements				17
18	Accumulated depreciation				18
19	Fixed equipment	25,545			19
20	Accumulated depreciation	(9,154)			20
21	Automobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	11,788,998			23
24	Accumulated depreciation	(9,530,912)			24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated Assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12 through 29)	25,201,130			30
OTHER ASSETS					
31	Investments				31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	404,787			34
35	Total other assets (sum of lines 31 through 34)	404,787			35
36	Total assets (sum of lines 11, 30, and 35)	41,782,495			36

BALANCE SHEET		PROVIDER CCN: 11-0111	PERIOD: FROM: 01/01/2021 TO: 12/31/2021		WORKSHEET G (CONT.)	
Liabilities and Fund Balances (omit cents)		General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4	
CURRENT LIABILITIES						
37	Accounts payable	11,584,718				37
38	Salaries, wages, and fees payable					38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	1,097,745				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	(12,114,084)				44
45	Total current liabilities (sum of 45 lines 37 thru 44)	885,487				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	22,764,468				49
50	Total long term liabilities (sum of 50 lines 46 thru 49)	22,764,468				50
51	Total liabilities (sum of lines 45 and 50)	23,649,955				51
CAPITAL ACCOUNTS						
52	General fund balance	18,132,540				52
53	Specific purpose fund					53
54	Donor created - endowment fund 54 balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	18,132,540				59
60	Total liabilities and fund balances (sum of 60 lines 51 and 59)	41,782,495				60

UNIVERSITY HOSPITAL MCDUFFIE
STATEMENT OF CHANGES IN FUND BALANCES

12-22

PROVIDER CCN:
11-0111

PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND	ENDOWMENT FUND		PLANT FUND			
	1	2	3	4	5	6	7		8
1 Fund balances at beginning of period		13,304,098							1
2 Net income (loss) (from Worksheet G-3, line 29)		4,828,442							2
3 Total (sum of line 1 and line 2)		18,132,540							3
4 Additions (credit adjustments) (specify) 4 5 5									4
5									5
6									6
7									7
8									8
9									9
10 Total additions (sum of lines 4 through 9)									10
11 Subtotal (line 3 plus line 10)		18,132,540							11
12 Deductions (debit adjustments) (specify)									12
13									13
14									14
15									15
16									16
17									17
18 Total deductions (sum of lines 12 through 17)									18
19 Fund balance at end of period per balance sheet (line 11 minus line 18)		18,132,540							19

PROVIDER CCN:
11-0111

PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

WORKSHEET G-2,
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 Hospital	5,054,172		5,054,172	1
2 Subprovider IPF				2
3 Subprovider IRF				3
4 Subprovider (Other)				4
5 Swing bed - SNF				5
6 Swing bed - NF				6
7 Skilled nursing facility				7
8 Nursing facility				8
9 Other long term care				9
10 Total general inpatient care services (sum of lines 1 through 9)	5,054,172		5,054,172	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 Intensive care unit				11
12 Coronary care unit				12
13 Burn intensive care unit				13
14 Surgical intensive care unit				14
15 Other special care (specify)				15
16 Total intensive care type inpatient hospital services (sum of 16 of lines 11-15)				16
17 Total inpatient routine care services (sum of lines 10 and 16)	5,054,172		5,054,172	17
18 Ancillary services	8,334,531	49,077,132	57,411,663	18
19 Outpatient services	1,235,824	16,367,982	17,603,806	19
20 Rural Health Clinic (RHC)				20
21 Federally Qualified Health Center (FQHC)				21
22 Home health agency				22
23 Ambulance				23
24 Outpatient rehabilitation providers				24
25 ASC				25
26 Hospice				26
27 Other (specify)				27
28 Total patient revenues (sum of lines 17 through 27) (transfer column 3 to 28 Worksheet G-3, line 1)	14,624,527	65,445,114	80,069,641	28

PART II - OPERATING EXPENSES

REVENUE CENTER	1	2	
29 Operating expenses (per Wkst. A, column 3, line 200)		21,314,782	29
30 Add (specify)			30
31			31
32			32
33			33
34			34
35			35
36 Total additions (sum of lines 30 through 35)			36
37 Deduct (specify)			37
38			38
39			39
40			40
41			41
43 Total deductions (sum of lines 37 through 41)		21,314,782	43
43 Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		21,314,782	43

STATEMENT OF REVENUES
AND EXPENSESPROVIDER CCN:
11-0111PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

WORKSHEET G-3

Description	1	
1 Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	80,069,641	1
2 Less contractual allowances and discounts on patients' accounts	58,500,001	2
3 Net patient revenues (line 1 minus line 2)	21,569,640	3
4 Less total operating expenses (from Worksheet G-2, Part II, line 43)	21,314,782	4
5 Net income from service to patients (line 3 minus line 4)	254,858	5
OTHER INCOME		
6 Contributions, donations, bequests, etc		6
7 Income from investments	798	7
8 Revenues from telephone and other miscellaneous communication services		8
9 Revenue from television and radio service		9
10 Purchase discounts	144	10
11 Rebates and refunds of expenses	659,738	11
12 Parking lot receipts		12
13 Revenue from laundry and linen service		13
14 Revenue from meals sold to employees and guests		14
15 Revenue from rental of living quarters		15
16 Revenue from sale of medical and surgical supplies to other than patients	120,868	16
17 Revenue from sale of drugs to other than patients		17
18 Revenue from sale of medical records and abstracts		18
19 Tuition (fees, sale of textbooks, uniforms, etc.)		19
20 Revenue from gifts, flowers, coffee shops, and canteen		20
21 Rental of vending machines		21
22 Rental of hospital space		22
23 Governmental appropriations		23
24 MISCELLANEOUS INCOME	3,792,036	24
24.5 COVID-19 PHE Funding		24.5
25 Total other income (sum of lines 6-24)	4,573,584	25
26 Total (line 5 plus line 25)	4,828,442	26
27 Other expenses (specify)		27
28 Total other expenses (sum of line 27 and subscripts)		28
29 Net income (or loss) for the period (line 26 minus line 28)	4,828,442	29