



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: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/12/0015 (mm/dd/yyyy format)

Year End: 12/01/2015 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$404204000
Outpatient Patient Service Revenue	\$395027000
Total Gross Patient Service Revenue	\$799231000

2. Deductions From Revenue

Contractual Allowance	\$493076000
Other Deductions	\$15793000
Total Deductions	\$508869000

3. Total Operating Revenue

Net Patient Service Revenue	\$290362000
Other Operating Revenue	\$13089000
Total Operating Revenue	\$303451000

4. Operating Expenses

Salaries and Wages	\$79854000	Employee Benefits	\$23161000
Depreciation and Amortization	\$14959000	Interest Expense	\$207000
Bad Debt	\$29377000	Other Expenses	\$128500000
Total Operating Expenses	\$276058000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27393000	Total Assets	\$281882000
Net Non-operating Gains over Loss	\$4000	Total Liabilities	\$153904000

Total Net Gains	\$27397000
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$398468000	\$305275000	\$93193000
Medicaid	\$105301000	\$75165000	\$30136000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$295462000	\$128429000	\$167033000
Total	\$799231000	\$508869000	\$290362000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$414000	\$-414000

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	\$733000	\$-733000
Hospital Patients	\$0	\$2503000	\$-2503000
Community Education	\$0	\$487000	\$-487000

Number of Medical Professionals Trained	208
Number of Hospital Patients Educated	11600
Number of Citizens Exposed to Health Education Messages	82646

Statement Six: Charity Statement

Hospital Charity Charges	\$11217000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6603000	
HCI Payments	\$0		
Subtotal	\$0	\$6603000	\$-6603000
Medicaid Shortfalls	\$30136000	\$32501000	
Subtotal	\$30136000	\$39104000	\$-8968000
DSH Payments	\$3,061,000		
Subtotal	\$33197000	\$39104000	\$-5907000
Medicare Shortfalls	\$93193000	\$122985000	
Other Government Programs	\$0	\$0	
Total	\$126390000	\$162089000	\$-35699000

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	\$160000	\$1412000	\$-1252000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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