



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: MEMORIAL HOSPITAL & HEALTH CARE CENTER (JASPER)

City of Hospital: JASPER

Year Begin: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Christina Knies

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Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$112006609
Outpatient Patient Service Revenue	\$305475239
Total Gross Patient Service Revenue	\$417481848

2. Deductions From Revenue

Contractual Allowance	\$214695220
Other Deductions	\$3435080
Total Deductions	\$218130300

3. Total Operating Revenue

Net Patient Service Revenue	\$199351548
Other Operating Revenue	\$5726400
Total Operating Revenue	\$205077948

4. Operating Expenses

Salaries and Wages	\$85544231	Employee Benefits	\$16426168
Depreciation and Amortization	\$12674023	Interest Expense	\$2672728
Bad Debt	\$9099197	Other Expenses	\$73842939
Total Operating Expenses	\$200259286		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4818662	Total Assets	\$249421028
Net Non-operating Gains over Loss	\$2554376	Total Liabilities	\$79590051

Total Net Gains	\$7373038
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$185830809	\$130460942	\$55369867
Medicaid	\$35406865	\$25347861	\$10059004
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$196244174	\$58886417	\$137357757
Total	\$417481848	\$214695220	\$202786628

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1311723	\$1291681	\$20042

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	\$616043	\$540696	\$75347

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	233872
Number of Citizens Exposed to Health Education Messages	70500

Statement Six: Charity Statement

Hospital Charity Charges	\$3433167
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1249720	
HCI Payments	\$0		
Subtotal	\$0	\$1249720	\$-1249720
Medicaid Shortfalls	\$5281430	\$5189253	
Subtotal	\$5281430	\$6438973	\$-1157543
DSH Payments	\$0		
Subtotal	\$5281430	\$6438973	\$-1157543
Medicare Shortfalls	\$41551594	\$48757442	
Other Government Programs	\$0	\$0	
Total	\$46833024	\$55196415	\$-8363391

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3124708	\$3977871	\$-853163
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$136334	\$-136334
Other Allocations	\$0	\$0	\$0

Comments

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