



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: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: Seymour

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Debbie Ridlen

Email Address: dridlen@schneckmed.org

Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$74125984
Outpatient Patient Service Revenue	\$244450478
Total Gross Patient Service Revenue	\$318576462

2. Deductions From Revenue

Contractual Allowance	\$170122477
Other Deductions	\$2578850
Total Deductions	\$172701327

3. Total Operating Revenue

Net Patient Service Revenue	\$145875140
Other Operating Revenue	\$2053739
Total Operating Revenue	\$147928879

4. Operating Expenses

Salaries and Wages	\$51345174	Employee Benefits	\$15358305
Depreciation and Amortization	\$8303914	Interest Expense	\$1444247
Bad Debt	\$13757016	Other Expenses	\$41602863
Total Operating Expenses	\$131811519		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16117360	Total Assets	\$295851289
Net Non-operating Gains over Loss	\$537576	Total Liabilities	\$54974597

Total Net Gains	\$16654936
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$123593719	\$80212719	\$43381000
Medicaid	\$45300667	\$26630085	\$18670582
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$149682193	\$65858523	\$83823670
Total	\$318576579	\$172701327	\$145875252

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$231380	\$32764	\$198616

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	\$11578	\$-11578
Community Education	\$76753	\$66734	\$10019

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	3627
Number of Citizens Exposed to Health Education Messages	312658

Statement Six: Charity Statement

Hospital Charity Charges	\$2466666
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$804873	
HCI Payments	\$0		
Subtotal	\$0	\$804873	\$-804873
Medicaid Shortfalls	\$2720194	\$4023571	
Subtotal	\$2720194	\$4828444	\$-2108250
DSH Payments	\$1,583,004		
Subtotal	\$4303198	\$4828444	\$-525246
Medicare Shortfalls	\$14637651	\$28770677	
Other Government Programs	\$0	\$0	
Total	\$18940849	\$33599121	\$-14658272

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6632054	\$10305436	\$-3673382

Comments

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