



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: UNITY MEDICAL AND SURGICAL HOSPITAL

City of Hospital: Mishawaka

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Greg Hintz

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Medicare Provider Number: 150177

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41158944
Outpatient Patient Service Revenue	\$41421091
<b>Total Gross Patient Service Revenue</b>	<b>\$82580035</b>

2. Deductions From Revenue

Contractual Allowance	\$60267907
Other Deductions	\$2562447
<b>Total Deductions</b>	<b>\$62830354</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$19749681
Other Operating Revenue	\$36472
<b>Total Operating Revenue</b>	<b>\$19786153</b>

4. Operating Expenses

Salaries and Wages	\$6322878	Employee Benefits	\$1870628
Depreciation and Amortization	\$430332	Interest Expense	\$953195
Bad Debt	\$643339	Other Expenses	\$14741914
<b>Total Operating Expenses</b>	<b>\$24962286</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6559658	Total Assets	\$47761800
		Total Liabilities	\$57271043

Net Non-operating Gains over Loss	\$0
Total Net Gains	\$-6559658

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$41154288	\$34586233	\$6568055
Medicaid	\$2493783	\$2098575	\$395208
Other Government	\$3729674	\$3135749	\$593925
Other State	\$0	\$0	\$0
Other Payers	\$35202290	\$22366458	\$12835832
Total	\$82580035	\$62187015	\$20393020

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2750	\$-2750

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	\$16711	\$-16711
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$100
Number of Hospital Patients Educated	\$3387
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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	\$416438	\$-416438
Other Allocations	\$0	\$0	\$0

Comments

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