



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL (LOGANSPOUR)

City of Hospital: Logansport

Year Begin: 01/01/2007 (mm/dd/yyyy format)

Year End: 12/31/2007 (mm/dd/yyyy format)

Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33396447
Outpatient Patient Service Revenue	\$73217791
Total Gross Patient Service Revenue	\$106614238

2. Deductions From Revenue

Contractual Allowance	\$57673389
Other Deductions	\$1738282
Total Deductions	\$59411671

3. Total Operating Revenue

Net Patient Service Revenue	\$0
Other Operating Revenue	\$964932
Total Operating Revenue	\$964932

4. Operating Expenses

Salaries and Wages	\$20814193	Employee Benefits	\$4964055
Depreciation and Amortization	\$3224231	Interest Expense	\$895022
Bad Debt	\$3438374	Other Expenses	\$16190936
Total Operating Expenses	\$49526811		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1359310	Total Assets	\$66085998
Net Non-operating Gains over Loss	\$526937	Total Liabilities	\$66085998
Total Net Gains	\$-832373		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$45082654	\$32361599	\$12721055
Medicaid	\$13349594	\$12063125	\$1286469
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$48181990	\$18425320	\$29756670
Total	\$106614238	\$62850044	\$43764194

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$143778	\$-143778

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	\$103439	\$-103439
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$44635	\$-44635

Number of Medical Professionals Trained	103
Number of Hospital Patients Educated	93446
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1738282
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$677930	
HCI Payments	\$0		
Subtotal	\$0	\$677930	\$-677930
Medicaid Shortfalls	\$3541584	\$5808216	
Subtotal	\$3541584	\$6486146	\$-2944562
DSH Payments	\$550,786		
Subtotal	\$4092370	\$6486146	\$-2393776
Medicare Shortfalls	\$11475282	\$17903729	
Other Government Programs	\$0	\$0	
Total	\$15567652	\$24389875	\$-8822223

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	\$2320	\$29051	\$-26731
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0