



## Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)  
 Indiana State Department of Health  
 Indiana Code 16-21-9

### I. Identification of Nonprofit Hospital

*Hospital Name:* MARION GENERAL HOSPITAL

*City of Hospital:* Marion

*Name of Charity Benefit Rep:* Kelley Hochstetler

*Telephone Number:* (765) 662-4925 x\_\_\_\_

*Year of Statement:* 2008

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"?  Yes  No

### II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	05/29/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	05/29/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement	05/29/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	05/29/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment	05/01/2006	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy	05/29/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice	05/29/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No

### III. Identification of New Objectives (optional)

Updated County-wide Health Needs & Risk Assessment: 1)data aggregation, presentation and evaluation, 2)present to community, 3)evaluation and planning of current and future programming for Grant County



### IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2006	2007	2008
Person Served in twelve-month period	2829	3638	3811
Charity Care Allocation	\$4,286,542	\$4,229,693	\$6,455,985

### V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Congestive Health Failure/Anti-Coagulation Clinic	\$134,813
2.) Bridges to Health (community clinic) support	\$63,892
3.) Parish Nurse Program	\$45,631
4.) Maternal Child Health Care	\$48,592
5.) Women's Center	\$57,470

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?  Yes  No

If applicable, address of hospital web site that contains information on community benefits. [mgh.net](http://mgh.net)

### VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

