



## 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 (LOGANSFORT)

*City of Hospital:* Logansport

*Year Begin:* 01/01/2008 (mm/dd/yyyy format)

*Year End:* 12/31/2008 (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	\$29947753
Outpatient Patient Service Revenue	\$86371255
<b>Total Gross Patient Service Revenue</b>	<b>\$116319008</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$59012415
Other Deductions	\$2198321
<b>Total Deductions</b>	<b>\$61210736</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$55108272
Other Operating Revenue	\$555408
<b>Total Operating Revenue</b>	<b>\$55663680</b>

#### 4. Operating Expenses

Salaries and Wages	\$23525756	Employee Benefits	\$5639786
Depreciation and Amortization	\$3148740	Interest Expense	\$792008
Bad Debt	\$4367102	Other Expenses	\$16539630
<b>Total Operating Expenses</b>	<b>\$54013022</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1650658	Total Assets	\$68298438
Net Non-operating Gains over Loss	\$384091	Total Liabilities	\$68298438
<b>Total Net Gains</b>	<b>\$2034749</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
----------------	-----------------------	-----------------------	---------------------

			Allowance
Medicare	\$44431246	\$31320968	\$13110278
Medicaid	\$13918008	\$12293511	\$1624497
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$57969754	\$17596257	\$40373497
Total	\$116319008	\$61210736	\$55108272

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$255092	\$-255092

### 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	\$102060.44	\$-102060.44
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$42733	\$-42733

Number of Medical Professionals Trained	128
Number of Hospital Patients Educated	93938
Number of Citizens Exposed to Health Education Messages	esr 15000

### Statement Six: Charity Statement

Hospital Charity Charges	\$2198321
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$755783	
HCI Payments	\$0		
Subtotal	\$0	\$755783	\$-755783
Medicaid Shortfalls	\$3349902	\$4785011	
Subtotal	\$3349902	\$5540794	\$-2190892
DSH Payments	\$1,683,501		
Subtotal	\$5033403	\$5540794	\$-507391
Medicare Shortfalls	\$11532144	\$15275462	
Other Government Programs	\$0	\$0	
Total	\$16565547	\$20816256	\$-4250709

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$17905	\$65614	\$-47709
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0