



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* SCHNECK MEDICAL CENTER (JACKSON COUNTY)

*City of Hospital:* Seymour

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

*Year End:* 12/31/2008 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-0065

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$59620808
Outpatient Patient Service Revenue	\$156798963
<b>Total Gross Patient Service Revenue</b>	<b>\$216419771</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$103436370
Other Deductions	\$2778586
<b>Total Deductions</b>	<b>\$106214956</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$110204815
Other Operating Revenue	\$1716821
<b>Total Operating Revenue</b>	<b>\$111921636</b>

#### 4. Operating Expenses

Salaries and Wages	\$39753211	Employee Benefits	\$11500282
Depreciation and Amortization	\$5242325	Interest Expense	\$1399694
Bad Debt	\$14942409	Other Expenses	\$29197085
<b>Total Operating Expenses</b>	<b>\$102035006</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9886630	Total Assets	\$201155394
Net Non-operating Gains over Loss	\$-6072074	Total Liabilities	\$68515589
<b>Total Net Gains</b>	<b>\$3814556</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$87272312	\$56824922	\$30447390
Medicaid	\$20338498	\$9952238	\$10386260
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$108808961	\$39437796	\$69371165
Total	\$216419771	\$106214956	\$110204815

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$558360	\$68995	\$489365

### 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	\$13699	\$-13699
Community Education	\$64987	\$84773	\$-19786

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	2595
Number of Citizens Exposed to Health Education Messages	198160

### Statement Six: Charity Statement

Hospital Charity Charges	\$2793099
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$981774	
HCI Payments	\$1442		
Subtotal	\$1442	\$981774	\$-980332
Medicaid Shortfalls	\$1646010	\$3696841	
Subtotal	\$1647452	\$4678615	\$-3031163
DSH Payments	\$7,383,042		
Subtotal	\$9030494	\$4678615	\$4351879
Medicare Shortfalls	\$19648745	\$24812049	
Other Government Programs	\$0	\$0	
Total	\$28679239	\$29490664	\$-811425

<b>Statement Seven: Subsidized Health Services for the Community</b>
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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	\$9720145	\$11615361	\$-1895216