



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: (656) 624-925_ x____

Year of Statement: 2009

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	05/28/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No
Original long-range hospital objectives for charity care	05/28/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hospital Mission Statement	05/28/2010	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	05/28/2010	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment	05/28/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No
Copy of Charity Care Policy	05/28/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice	05/28/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No

III. Identification of New Objectives (optional)

Community Health Assessment Campaign
 - facilitation of County-wide Program Evaluation
 - exploring new and/or revised community-wide partnerships
 - collaboration with area agencies and employers

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

List Last Three Years	2007	2008	2009
Person Served in twelve-month period	3638	3811	4728
Charity Care Allocation	\$4,229,674	\$6,455,985	\$7,574,463

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Congestive Heart Failure Clinic	\$138,963
2.) Bridges to Health (community clinic) support	\$103,139
3.) Parish Nurse Program	\$48,255
4.) Maternal Child Health Care	\$51,653
5.) Women's Center	\$77,776

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

VI. Identification of Additional Non-Hospital Charity Costs

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

Comments

