



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$87773037
Outpatient Patient Service Revenue	\$217828822
Total Gross Patient Service Revenue	\$305601859

2. Deductions From Revenue

Contractual Allowance	\$159178482
Other Deductions	\$15595845
Total Deductions	\$174774327

3. Total Operating Revenue

Net Patient Service Revenue	\$130827532
Other Operating Revenue	\$2276012
Total Operating Revenue	\$133103544

4. Operating Expenses

Salaries and Wages	\$40040828	Employee Benefits	\$11089144
Depreciation and Amortization	\$10408019	Interest Expense	\$2142663
Bad Debt	\$13360256	Other Expenses	\$53521063
Total Operating Expenses	\$130561973		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8758223	Total Assets	\$230681477
Net Non-operating Gains over Loss	\$7741094	Total Liabilities	\$80550541
Total Net Gains	\$16499317		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$108760429	\$93476768	\$15283661
Medicaid	\$42709810	\$38267801	\$4442009
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$154131620	\$43029758	\$111101862
Total	\$305601859	\$174774327	\$130827532

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$24027	\$225781	\$-201754

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	\$293	\$-293
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$334660	\$-334660

Number of Medical Professionals Trained	1365
Number of Hospital Patients Educated	324
Number of Citizens Exposed to Health Education Messages	160623

Statement Six: Charity Statement

Hospital Charity Charges	\$7054574
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7054574	
HCI Payments	\$0		
Subtotal	\$0	\$7054574	\$-7054574
Medicaid Shortfalls	\$6994890	\$19317647	
Subtotal	\$6994890	\$26372221	\$-19377331
DSH Payments	\$0		
Subtotal	\$6994890	\$26372221	\$-19377331
Medicare Shortfalls	\$33185388	\$41860812	
Other Government Programs	\$0	\$0	
Total	\$40180278	\$68233033	\$-28052755

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$176456	\$-176456
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$209477	\$-209477
Other Allocations	\$0	\$0	\$0