



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 (LOGANSPORT)

City of Hospital: Logansport

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (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 | \$34972421 |
| Outpatient Patient Service Revenue | \$113049368 |
| Total Gross Patient Service Revenue | \$148021789 |

2. Deductions From Revenue

| | |
|-----------------------|------------|
| Contractual Allowance | \$83056623 |
| Other Deductions | \$3500175 |
| Total Deductions | \$86556798 |

3. Total Operating Revenue

| | |
|-----------------------------|------------|
| Net Patient Service Revenue | \$61464991 |
| Other Operating Revenue | \$1647011 |
| Total Operating Revenue | \$63112002 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$27120115 | Employee Benefits | \$6344141 |
| Depreciation and Amortization | \$3356864 | Interest Expense | \$238765 |
| Bad Debt | \$6873212 | Other Expenses | \$17791379 |
| Total Operating Expenses | \$61724476 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses | \$1387525 | Total Assets | \$65674699 |
| Net Non-operating Gains over Loss | \$223707 | Total Liabilities | \$23948246 |
| Total Net Gains | \$1611232 | | |

Statement Two: Contractual Allowance

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

| | | | |
|------------------|-------------|------------|------------|
| Medicare | \$51885435 | \$38369923 | \$13515512 |
| Medicaid | \$21011930 | \$19574582 | \$1437348 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$75124424 | \$28612293 | \$46512131 |
| Total | \$148021789 | \$86556798 | \$61464991 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$251042 | \$-251042 |

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 | \$186741 | \$-186741 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$400 | \$28344 | \$-27944 |

| | |
|---|-------|
| Number of Medical Professionals Trained | 129 |
| Number of Hospital Patients Educated | 99940 |
| Number of Citizens Exposed to Health Education Messages | 15000 |

Statement Six: Charity Statement

| | |
|--------------------------|-----------|
| Hospital Charity Charges | \$3500175 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$1233112 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$1233112 | \$-1233112 |
| Medicaid Shortfalls | \$4297088 | \$9149237 | |
| Subtotal | \$4297088 | \$10382349 | \$-6085261 |
| DSH Payments | \$1,456,315 | | |
| Subtotal | \$5753403 | \$10382349 | \$-4628946 |
| Medicare Shortfalls | \$15139318 | \$19959115 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$20892721 | \$30341464 | \$-9448743 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$11307 | \$-11307 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |