



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MARGARET MARY COMMUNITY HOSPITAL

City of Hospital: Batesville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-1329

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$25806934
Outpatient Patient Service Revenue	\$108804103
Total Gross Patient Service Revenue	\$134611037

2. Deductions From Revenue

Contractual Allowance	\$52011585
Other Deductions	\$1814229
Total Deductions	\$53825814

3. Total Operating Revenue

Net Patient Service Revenue	\$80785223
Other Operating Revenue	\$602720
Total Operating Revenue	\$81387943

4. Operating Expenses

Salaries and Wages	\$27954720	Employee Benefits	\$8988045
Depreciation and Amortization	\$5470329	Interest Expense	\$1380698
Bad Debt	\$6533475	Other Expenses	\$24223051
Total Operating Expenses	\$74550318		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6837625	Total Assets	\$126508217
Net Non-operating Gains over Loss	\$3441008	Total Liabilities	\$46383768
Total Net Gains	\$10278633		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	\$59363467	\$30993617	\$28369850
Medicaid	\$11711160	\$5568791	\$6142369
Other Government	\$0	\$0	\$0
Other State	\$1211499	\$1059883	\$151616
Other Payers	\$62324911	\$16203523	\$46121388
Total	\$134611037	\$53825814	\$80785223

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$27774	\$234702	\$-206928

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$100045	\$-100045

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$4840	\$365492	\$-360652
Hospital Patients	\$0	\$60244	\$-60244
Community Education	\$56211	\$1168778	\$-1112567

Number of Medical Professionals Trained	494
Number of Hospital Patients Educated	1808
Number of Citizens Exposed to Health Education Messages	103689

Statement Six: Charity Statement

Hospital Charity Charges	\$1814229
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$3957	\$765790	
HCI Payments	\$0		
Subtotal	\$3957	\$765790	\$-761833
Medicaid Shortfalls	\$2509000	\$4598000	
Subtotal	\$2512957	\$5363790	\$-2850833
DSH Payments	\$0		
Subtotal	\$2512957	\$5363790	\$-2850833
Medicare Shortfalls	\$16690000	\$20527000	
Other Government Programs	\$0	\$0	
Total	\$19202957	\$25890790	\$-6687833

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$56211	\$1168778	\$-1112567
Community Assessment	\$3475	\$278136	\$-274661
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0