



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

Status: Finalized

I. Identification of Organization

Hospital Name: CLARK MEMORIAL HOSPITAL

City of Hospital: Jeffersonville

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Chase Gray

Email Address: chase.gray@clarkmemorial.org

Medicare Provider Number: 15009

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$239898698
Outpatient Patient Service Revenue	\$188170672
Total Gross Patient Service Revenue	\$428069370

2. Deductions From Revenue

Contractual Allowance	\$241205257
Other Deductions	\$3612429
Total Deductions	\$244817686

3. Total Operating Revenue

Net Patient Service Revenue	\$145863858
Other Operating Revenue	\$5450913
Total Operating Revenue	\$151314771

4. Operating Expenses

Salaries and Wages	\$57939244	Employee Benefits	\$14146815
Depreciation and Amortization	\$10718977	Interest Expense	\$2703081
Bad Debt	\$37388420	Other Expenses	\$57459185
Total Operating Expenses	\$180355722		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4925506	Total Assets	\$126997135
Net Non-operating Gains over Loss	\$-9074510	Total Liabilities	\$87452655
Total Net Gains	\$-14000016		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$205993230	\$133938169	\$72055061
Medicaid	\$47864069	\$34651979	\$13212090
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$174212070	\$77053819	\$97158251
Total	\$428069369	\$245643967	\$182425402

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$249260	\$230008	\$19252

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	\$477823	\$700950	\$-223127
Hospital Patients	\$0	\$357729	\$-357729
Community Education	\$0	\$60000	\$-60000

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Number of Medical Professionals Trained	2.59
Number of Hospital Patients Educated	13914
Number of Citizens Exposed to Health Education Messages	10500

Statement Six: Charity Statement

Hospital Charity Charges	\$7079339
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$46806	\$2318711	
HCI Payments	\$0		
Subtotal	\$46806	\$2318711	\$-2271905
Medicaid Shortfalls	\$13211000	\$23266998	
Subtotal	\$13257806	\$25585709	\$-12327903
DSH Payments	\$10,226,045		
Subtotal	\$23483851	\$25585709	\$-2101858
Medicare Shortfalls	\$51688562	\$48585800	
Other Government Programs	\$0	\$0	
Total	\$75172413	\$74171509	\$1000904

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$60000	\$-60000
Community Assessment	\$0	\$23072	\$-23072
Provision of Taxes	\$288678	\$123157	\$165521
Other Allocations	\$0	\$0	\$0

Comments



