



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: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

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

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

Person Completing the Report: Micki Spears

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Medicare Provider Number: 150001

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

Inpatient Patient Service Revenue	\$48142269
Outpatient Patient Service Revenue	\$120662001
Total Gross Patient Service Revenue	\$168804270

2. Deductions From Revenue

Contractual Allowance	\$94424319
Other Deductions	\$5854364
Total Deductions	\$100278683

3. Total Operating Revenue

Net Patient Service Revenue	\$68525587
Other Operating Revenue	\$10841553
Total Operating Revenue	\$79367140

4. Operating Expenses

Salaries and Wages	\$36322115	Employee Benefits	\$8173491
Depreciation and Amortization	\$4487618	Interest Expense	\$67836
Bad Debt	\$7369684	Other Expenses	\$24353934
Total Operating Expenses	\$80774678		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1407538	Total Assets	\$81844051
Net Non-operating Gains over Loss	\$550901	Total Liabilities	\$11197146
Total Net Gains	\$-856637		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$76526364	\$55037062	\$21489302
Medicaid	\$15364173	\$11211273	\$4152900
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$276406589	\$27864204	\$248542385
Total	\$368297126	\$94112539	\$274184587

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$30000	\$0	\$30000

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	\$192486	\$-192486
Hospital Patients	\$86389	\$93351	\$-6962
Community Education	\$34	\$188489	\$-188455

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Number of Medical Professionals Trained	1095
Number of Hospital Patients Educated	5320
Number of Citizens Exposed to Health Education Messages	2210

Statement Six: Charity Statement

Hospital Charity Charges	\$5854364
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3512618	
HCI Payments	\$0		
Subtotal	\$0	\$3512618	\$-3512618
Medicaid Shortfalls	\$3785595	\$9238336	
Subtotal	\$3785595	\$12750954	\$-8965359
DSH Payments	\$2,734,807		
Subtotal	\$6520402	\$12750954	\$-6230552
Medicare Shortfalls	\$19206987	\$45956910	
Other Government Programs	\$0	\$0	
Total	\$25727389	\$58707864	\$-32980475

Statement Seven: Subsidized Health Services for the Community

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

Comments



