



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: MAJOR HOSPITAL

City of Hospital: SHELBYVILLE

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

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

Person Completing the Report: Jack Mccauley

Email Address: jmccauley@majorhospital.org

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67941398
Outpatient Patient Service Revenue	\$173323930
Total Gross Patient Service Revenue	\$241265328

2. Deductions From Revenue

Contractual Allowance	\$133167972
Other Deductions	\$5856715
Total Deductions	\$139024687

3. Total Operating Revenue

Net Patient Service Revenue	\$102240642
Other Operating Revenue	\$11481036
Total Operating Revenue	\$113721678

4. Operating Expenses

Salaries and Wages	\$34728654	Employee Benefits	\$10220550
Depreciation and Amortization	\$7075492	Interest Expense	\$853577
Bad Debt	\$11600780	Other Expenses	\$33665109
Total Operating Expenses	\$98144162		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15577515	Total Assets	\$141420522
Net Non-operating Gains over Loss	\$3454266	Total Liabilities	\$47340306
Total Net Gains	\$19031781		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$102664894	\$63601256	\$39063638
Medicaid	\$34542592	\$20310202	\$14232390
Other Government	\$469122	\$356532	\$112590
Other State	\$439588	\$325295	\$114293
Other Payers	\$103149132	\$54431402	\$48717730
Total	\$241265328	\$139024687	\$102240641

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$38736	\$-38736

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$15552	\$315150	\$-299598

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	4313
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2314835	
HCI Payments	\$0		
Subtotal	\$0	\$2314835	\$-2314835
Medicaid Shortfalls	\$8287797	\$14372218	
Subtotal	\$8287797	\$14372218	\$-6084421
DSH Payments	\$4,372,632		
Subtotal	\$12660429	\$14372218	\$-1711789
Medicare Shortfalls	\$21506569	\$32391438	
Other Government Programs	\$908710	\$1432808	
Total	\$35075708	\$48196464	\$-13120756

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$45057	\$586704	\$-541647
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



