



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: MARGARET MARY COMMUNITY HOSPITAL

City of Hospital: Batesville

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

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

Person Completing the Report: Brian Daeger

Email Address: brian.daeger@mmch.org

Medicare Provider Number: 151329

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

Inpatient Patient Service Revenue	\$24849815
Outpatient Patient Service Revenue	\$120213752
Total Gross Patient Service Revenue	\$145063567

2. Deductions From Revenue

Contractual Allowance	\$58826996
Other Deductions	\$1969304
Total Deductions	\$60796300

3. Total Operating Revenue

Net Patient Service Revenue	\$84267267
Other Operating Revenue	\$1403084
Total Operating Revenue	\$85670351

4. Operating Expenses

Salaries and Wages	\$30517893	Employee Benefits	\$10965669
Depreciation and Amortization	\$6151099	Interest Expense	\$1580450
Bad Debt	\$6678259	Other Expenses	\$24996268
Total Operating Expenses	\$80889638		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4780713	Total Assets	\$138005829
Net Non-operating Gains over Loss	\$10224413	Total Liabilities	\$42872516
Total Net Gains	\$15005126		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$66294050	\$34720767	\$31573283
Medicaid	\$13635975	\$9032263	\$4603712
Other Government	\$0	\$0	\$0
Other State	\$1450636	\$1054168	\$396468
Other Payers	\$63682906	\$15989102	\$47693804
Total	\$145063567	\$60796300	\$84267267

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$-2325	\$116325	\$-118650

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$149424	\$-149424

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$4995	\$231630	\$-226635
Hospital Patients	\$0	\$76131	\$-76131
Community Education	\$76772	\$1145320	\$-1068548

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Number of Medical Professionals Trained	477
Number of Hospital Patients Educated	1655
Number of Citizens Exposed to Health Education Messages	101382

Statement Six: Charity Statement

Hospital Charity Charges	\$1969304
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$6090	\$826543	
HCI Payments	\$0		
Subtotal	\$6090	\$826543	\$-820453
Medicaid Shortfalls	\$2877000	\$5381000	
Subtotal	\$2883090	\$6207543	\$-3324453
DSH Payments	\$0		
Subtotal	\$2883090	\$6207543	\$-3324453
Medicare Shortfalls	\$16886000	\$19812000	
Other Government Programs	\$0	\$0	
Total	\$19769090	\$26019543	\$-6250453

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	\$4170	\$278214	\$-274044
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



