



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: MEMORIAL HOSPITAL & HEALTH CARE CENTER (JASPER)

City of Hospital: JASPER

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Shannon Ebenkamp

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Medicare Provider Number: 15-0115

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

Inpatient Patient Service Revenue	\$102107245
Outpatient Patient Service Revenue	\$223173753
Total Gross Patient Service Revenue	\$325280998

2. Deductions From Revenue

Contractual Allowance	\$144110121
Other Deductions	\$6719997
Total Deductions	\$150830118

3. Total Operating Revenue

Net Patient Service Revenue	\$174450880
Other Operating Revenue	\$4655570
Total Operating Revenue	\$179106450

4. Operating Expenses

Salaries and Wages	\$70353687	Employee Benefits	\$17229644
Depreciation and Amortization	\$11126206	Interest Expense	\$2292494
Bad Debt	\$10099194	Other Expenses	\$64772269
Total Operating Expenses	\$175873494		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3232956	Total Assets	\$218927324
Net Non-operating Gains over Loss	\$1840008	Total Liabilities	\$68235129
Total Net Gains	\$5072964		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$149641347	\$92339243	\$57302104
Medicaid	\$28083312	\$14668955	\$13414357
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$147556340	\$37101923	\$110454417
Total	\$325280999	\$144110121	\$181170878

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$856561	\$640695	\$215866

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	\$493301	\$455762	\$37539

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	251218
Number of Citizens Exposed to Health Education Messages	70500

Statement Six: Charity Statement

Hospital Charity Charges	\$3525804
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1433973	
HCI Payments	\$0		
Subtotal	\$0	\$1433973	\$-1433973
Medicaid Shortfalls	\$8071207	\$6241128	
Subtotal	\$8071207	\$7675101	\$396106
DSH Payments	\$0		
Subtotal	\$8071207	\$7675101	\$396106
Medicare Shortfalls	\$30581044	\$39983848	
Other Government Programs	\$0	\$0	
Total	\$38652251	\$47658949	\$-9006698

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3161103	\$3825278	\$-664175
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$169024	\$-169024
Other Allocations	\$0	\$0	\$0

Comments



