



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: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: Seymour

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

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

Person Completing the Report: Debbie Ridlen

Email Address: dridlen@schneckmed.org

Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$70618916
Outpatient Patient Service Revenue	\$203965860
Total Gross Patient Service Revenue	\$274584776

2. Deductions From Revenue

Contractual Allowance	\$146085238
Other Deductions	\$5339383
Total Deductions	\$151424621

3. Total Operating Revenue

Net Patient Service Revenue	\$123160156
Other Operating Revenue	\$3311404
Total Operating Revenue	\$126471560

4. Operating Expenses

Salaries and Wages	\$45988684	Employee Benefits	\$13993852
Depreciation and Amortization	\$8528426	Interest Expense	\$1817889
Bad Debt	\$11730811	Other Expenses	\$37718676
Total Operating Expenses	\$119778338		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6693223	Total Assets	\$256368723
Net Non-operating Gains over Loss	\$7938948	Total Liabilities	\$62793513
Total Net Gains	\$14632171		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$109153521	\$64508230	\$44645291
Medicaid	\$35659241	\$24618701	\$11040540
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$129772014	\$62297690	\$67474324
Total	\$274584776	\$151424621	\$123160155

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$145627	\$45782	\$99845

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	\$11131	\$-11131
Community Education	\$106582	\$65077	\$41505

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	2953
Number of Citizens Exposed to Health Education Messages	404808

Statement Six: Charity Statement

Hospital Charity Charges	\$4075021
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1476380	
HCI Payments	\$0		
Subtotal	\$0	\$1476380	\$-1476380
Medicaid Shortfalls	\$4289931	\$7866582	
Subtotal	\$4289931	\$9342962	\$-5053031
DSH Payments	\$1,595,693		
Subtotal	\$5885624	\$9342962	\$-3457338
Medicare Shortfalls	\$19444026	\$26387956	
Other Government Programs	\$0	\$0	
Total	\$25329650	\$35730918	\$-10401268

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	\$4484036	\$7033042	\$-2549006

Comments



