



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: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg

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

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

Person Completing the Report: Kelly Ledbetter

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Medicare Provider Number: 151334

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

Inpatient Patient Service Revenue	\$12553000
Outpatient Patient Service Revenue	\$43913000
Total Gross Patient Service Revenue	\$56466000

2. Deductions From Revenue

Contractual Allowance	\$28365000
Other Deductions	\$0
Total Deductions	\$28365000

3. Total Operating Revenue

Net Patient Service Revenue	\$28101000
Other Operating Revenue	\$1436000
Total Operating Revenue	\$29537000

4. Operating Expenses

Salaries and Wages	\$8367000	Employee Benefits	\$1936000
Depreciation and Amortization	\$1041000	Interest Expense	\$92000
Bad Debt	\$6713000	Other Expenses	\$9544000
Total Operating Expenses	\$27693000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1844000	Total Assets	\$15009000
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3205000
Total Net Gains	\$1844000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18462000	\$12360000	\$6102000
Medicaid	\$5260000	\$96000	\$5164000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32744000	\$15908000	\$16836000
Total	\$56466000	\$28364000	\$28102000

Statement Three: Donations Statement

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

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	\$0	\$0	\$0

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

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	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,898,000		
Subtotal	\$2898000	\$0	\$2898000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2898000	\$0	\$2898000

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

DSH payment included in Medicaid contractuals



