



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: CLARK MEMORIAL HOSPITAL

City of Hospital: Jeffersonville

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Chase Gray

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Medicare Provider Number: 150009

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$233772588
Outpatient Patient Service Revenue	\$210230282
Total Gross Patient Service Revenue	\$444002870

2. Deductions From Revenue

Contractual Allowance	\$252059027
Other Deductions	\$4023976
Total Deductions	\$256083003

3. Total Operating Revenue

Net Patient Service Revenue	\$191943843
Other Operating Revenue	\$9303309
Total Operating Revenue	\$201247152

4. Operating Expenses

Salaries and Wages	\$56470698	Employee Benefits	\$13004506
Depreciation and Amortization	\$10922141	Interest Expense	\$2748744
Bad Debt	\$30893902	Other Expenses	\$7347688
Total Operating Expenses	\$121387679		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9351118	Total Assets	\$125918571
Net Non-operating Gains over Loss	\$-223020	Total Liabilities	\$95379151
Total Net Gains	\$-9574138		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$219816322	\$149532789	\$70283533
Medicaid	\$50307774	\$23043912	\$27263862
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$177183202	\$81109547	\$96073655
Total	\$447307298	\$253686248	\$193621050

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$249260	\$230008	\$19252

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	\$477823	\$700950	\$-223127
Hospital Patients	\$0	\$357729	\$-357729
Community Education	\$0	\$60000	\$-60000

Number of Medical Professionals Trained	2.59
Number of Hospital Patients Educated	13914
Number of Citizens Exposed to Health Education Messages	10500

Statement Six: Charity Statement

Hospital Charity Charges	\$7079339
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$46806	\$2318711	
HCI Payments	\$0		
Subtotal	\$46806	\$2318711	\$-2271905
Medicaid Shortfalls	\$13211000	\$23266998	
Subtotal	\$13257806	\$25585709	\$-12327903
DSH Payments	\$10,226,045		
Subtotal	\$23483851	\$25585709	\$-2101858
Medicare Shortfalls	\$51688562	\$48585800	
Other Government Programs	\$0	\$0	
Total	\$75172413	\$74171509	\$1000904

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$60000	\$-60000
Community Assessment	\$0	\$23072	\$-23072
Provision of Taxes	\$288678	\$123157	\$165521
Other Allocations	\$0	\$0	\$0