



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: MAJOR HOSPITAL

City of Hospital: SHELBYVILLE

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

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

Person Completing the Report: Jack Mccauley

Email Address: jmccauley@majorhospital.org

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67402614
Outpatient Patient Service Revenue	\$189415081
Total Gross Patient Service Revenue	\$256817695

2. Deductions From Revenue

Contractual Allowance	\$149090685
Other Deductions	\$6387724
Total Deductions	\$155478409

3. Total Operating Revenue

Net Patient Service Revenue	\$101339286
Other Operating Revenue	\$23911004
Total Operating Revenue	\$125250290

4. Operating Expenses

Salaries and Wages	\$35517310	Employee Benefits	\$9992470
Depreciation and Amortization	\$5505524	Interest Expense	\$650355
Bad Debt	\$9711636	Other Expenses	\$32221328
Total Operating Expenses	\$93598623		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$31341088	Total Assets	\$212543485
Net Non-operating Gains over Loss	\$-876363	Total Liabilities	\$94148423
Total Net Gains	\$30464725		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$112112129	\$69989496	\$42122633
Medicaid	\$36883407	\$22857269	\$14026138
Other Government	\$1446112	\$1122635	\$323477
Other State	\$5190356	\$4160340	\$1030016
Other Payers	\$101185691	\$57348670	\$43837021
Total	\$256817695	\$155478410	\$101339285

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$129811	\$-129811

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	\$57042	\$314696	\$-257654
Community Education	\$13434	\$257269	\$-243835

--	--

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	4500
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$6387724
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2086488	
HCI Payments	\$0		
Subtotal	\$0	\$2086488	\$-2086488
Medicaid Shortfalls	\$7741526	\$13857495	
Subtotal	\$7741526	\$15943983	\$-8202457
DSH Payments	\$1,742,883		
Subtotal	\$9484409	\$15943983	\$-6459574
Medicare Shortfalls	\$21911293	\$32391438	
Other Government Programs	\$959625	\$1432808	
Total	\$32355327	\$49768229	\$-17412902

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1169598	\$-1169598
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments