



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 (LOGANSPORT)**

City of Hospital: **Logansport**

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

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

Person Completing the Report: **Sherri Gehlhausen**

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Medicare Provider Number: **15-0072**

**Statement One: Summary of Revenue and Expenses**

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$36429387
Outpatient Patient Service Revenue	\$112964522
<b>Total Gross Patient Service Revenue</b>	<b>\$149393909</b>

2. Deductions From Revenue

Contractual Allowance	\$79354791
Other Deductions	\$2995867
<b>Total Deductions</b>	<b>\$82350658</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$67043251
Other Operating Revenue	\$2836596
<b>Total Operating Revenue</b>	<b>\$69879847</b>

4. Operating Expenses

Salaries and Wages	\$27182913	Employee Benefits	\$6417552
Depreciation and Amortization	\$3732216	Interest Expense	\$600919
Bad Debt	\$7222988	Other Expenses	\$20798921
<b>Total Operating Expenses</b>	<b>\$65955509</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3924338	Total Assets	\$85831667
Net Non-operating Gains over Loss	\$98132	Total Liabilities	\$29327250
Total Net Gains	\$4022470		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$58844016	\$38399200	\$20444816
Medicaid	\$27404786	\$20829810	\$6574976
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63145107	\$23121648	\$40023459
Total	\$149393909	\$82350658	\$67043251

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$448180	\$-448180

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	\$158298	\$-158298
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$17965	\$-17965

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Number of Medical Professionals Trained	134
Number of Hospital Patients Educated	100320
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$2995867
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$896898	
HCI Payments	\$0		
Subtotal	\$0	\$896898	\$-896898
Medicaid Shortfalls	\$7394007	\$8204398	
Subtotal	\$7394007	\$9101296	\$-1707289
DSH Payments	\$1,090,391		
Subtotal	\$8484398	\$9101296	\$-616898
Medicare Shortfalls	\$16481402	\$17616621	
Other Government Programs	\$0	\$0	
Total	\$24965800	\$26717917	\$-1752117

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$14539	\$-14539
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments