



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 OF SOUTH BEND**

City of Hospital: **South Bend**

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

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

Person Completing the Report: **Sally Marker**

Email Address: **smarker@beaconhealthsystem.org**

Medicare Provider Number: **150058**

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$773595994
Outpatient Patient Service Revenue	\$464449505
Total Gross Patient Service Revenue	\$1238045499

2. Deductions From Revenue

Contractual Allowance	\$710729051
Other Deductions	\$31045082
Total Deductions	\$741774133

3. Total Operating Revenue

Net Patient Service Revenue	\$496271366
Other Operating Revenue	\$25747736
Total Operating Revenue	\$522019102

4. Operating Expenses

Salaries and Wages	\$138414997	Employee Benefits	\$38865240
Depreciation and Amortization	\$27564998	Interest Expense	\$4800818
Bad Debt	\$35599378	Other Expenses	\$198365872
Total Operating Expenses	\$443611303		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$78407799	Total Assets	\$553998000
Net Non-operating Gains over Loss	\$18462653	Total Liabilities	\$553998000
Total Net Gains	\$96870452		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$540530810	\$418361430	\$122169380
Medicaid	\$202689270	\$115800642	\$86888628
Other Government	\$0	\$0	\$0
Other State	\$12784965	\$10763678	\$2021287
Other Payers	\$482040454	\$173155768	\$308884686
Total	\$1238045499	\$718081518	\$519963981

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$939945	\$-939945

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$16850	\$328349	\$-311499

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$372914	\$7265834	\$-6892920
Hospital Patients	\$65	\$1989622	\$-1989557
Community Education	\$809450	\$2735043	\$-1925593

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Number of Medical Professionals Trained	5112
Number of Hospital Patients Educated	53842
Number of Citizens Exposed to Health Education Messages	158817

Statement Six: Charity Statement

Hospital Charity Charges	\$18996413
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6260471	
HCI Payments	\$0		
Subtotal	\$0	\$6260471	\$-6260471
Medicaid Shortfalls	\$81178023	\$71024448	
Subtotal	\$81178023	\$77284919	\$3893104
DSH Payments	\$10,100,000		
Subtotal	\$91278023	\$77284919	\$13993104
Medicare Shortfalls	\$125478590	\$178169341	
Other Government Programs	\$0	\$0	
Total	\$216756613	\$255454260	\$-38697647

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4081366	\$6208567	\$-2127201
Community Assessment	\$0	\$139004	\$-139004
Provision of Taxes	\$0	\$704890	\$-704890
Other Allocations	\$0	\$0	\$0

Comments