



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: LUTHERAN MUSCULOSKELETAL CENTER

City of Hospital: Fort Wayne

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

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

Person Completing the Report: Amy Hochstetler

Email Address: ahochstetler@lhn.net

Medicare Provider Number: 150168

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$195278997
Outpatient Patient Service Revenue	\$174309680
Total Gross Patient Service Revenue	\$369588677

2. Deductions From Revenue

Contractual Allowance	\$265100634
Other Deductions	\$0
Total Deductions	\$265100634

3. Total Operating Revenue

Net Patient Service Revenue	\$104488037
Other Operating Revenue	\$18683
Total Operating Revenue	\$104506720

4. Operating Expenses

Salaries and Wages	\$12089851	Employee Benefits	\$2275281
Depreciation and Amortization	\$1111278	Interest Expense	\$20494
Bad Debt	\$3755576	Other Expenses	\$33816787
Total Operating Expenses	\$53069267		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$51437453	Total Assets	\$211268135
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$42651226
Total Net Gains	\$51437453		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$151406220	\$128268102	\$23138118
Medicaid	\$16173213	\$13474638	\$2698575
Other Government	\$9782603	\$8389805	\$1392798
Other State	\$0	\$0	\$0
Other Payers	\$192226641	\$114968089	\$77258552
Total	\$369588677	\$265100634	\$104488043

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$186485	\$-186485

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

--	--

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	\$358139
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$47786	
HCI Payments	\$0		
Subtotal	\$0	\$47786	\$-47786
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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