



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: ST. JOSEPH REGIONAL MEDICAL CENTER (PLYMOUTH CAMPUS)

City of Hospital: PLYMOUTH

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Tom Jozwiak

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Medicare Provider Number: 15-0076

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$39567050
Outpatient Patient Service Revenue	\$124071111
Total Gross Patient Service Revenue	\$163638161

2. Deductions From Revenue

Contractual Allowance	\$102676197
Other Deductions	\$3598173
Total Deductions	\$106274370

3. Total Operating Revenue

Net Patient Service Revenue	\$57363792
Other Operating Revenue	\$1330511
Total Operating Revenue	\$58694303

4. Operating Expenses

Salaries and Wages	\$15717248	Employee Benefits	\$4245613
Depreciation and Amortization	\$3650534	Interest Expense	\$203687
Bad Debt	\$5906130	Other Expenses	\$23355726
Total Operating Expenses	\$53078938		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5615365	Total Assets	\$72409461
Net Non-operating Gains over Loss	-\$780461	Total Liabilities	\$11308302

Total Net Gains	\$4834904
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$72377000	\$55833000	\$16544000
Medicaid	\$24783000	\$19877000	\$4906000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$66478162	\$30564370	\$35913792
Total	\$163638162	\$106274370	\$57363792

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$50706	\$-50706

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	\$6448	\$-6448
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$205535	\$-205535

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	88802
Number of Citizens Exposed to Health Education Messages	101213

Statement Six: Charity Statement

Hospital Charity Charges	\$3598173
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$974356	
HCI Payments	\$0		
Subtotal	\$0	\$974356	\$-974356
Medicaid Shortfalls	\$4906450	\$7927337	
Subtotal	\$4906450	\$11525510	\$-6619060
DSH Payments	\$0		
Subtotal	\$4906450	\$11525510	\$-6619060
Medicare Shortfalls	\$16544272	\$19590912	
Other Government Programs	\$0	\$0	
Total	\$21450722	\$31116422	\$-9665700

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$398849	\$780084	\$-381235
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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