



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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Beth Coffey

Email Address: bcoffey@majorhospital.org

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$74848351
Outpatient Patient Service Revenue	\$232078846
Total Gross Patient Service Revenue	\$306927197

2. Deductions From Revenue

Contractual Allowance	\$195186746
Other Deductions	\$3197157
Total Deductions	\$198383903

3. Total Operating Revenue

Net Patient Service Revenue	\$108543294
Other Operating Revenue	\$32370575
Total Operating Revenue	\$140913869

4. Operating Expenses

Salaries and Wages	\$43817278	Employee Benefits	\$12944225
Depreciation and Amortization	\$5916144	Interest Expense	\$323307
Bad Debt	\$6090314	Other Expenses	\$36365072
Total Operating Expenses	\$105456340		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$35457525	Total Assets	\$285797855
Net Non-operating Gains over Loss	\$5358696	Total Liabilities	\$97234488

Total Net Gains	\$40816221
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$132303380	\$102827497	\$29475883
Medicaid	\$62046443	\$47604234	\$14442209
Other Government	\$4888046	\$3471001	\$1417045
Other State	\$0	\$0	\$0
Other Payers	\$107689328	\$41284014	\$66405314
Total	\$306927197	\$195186746	\$111740451

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$246517	\$-246517

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	\$32615	\$264856	\$-232241
Community Education	\$14924	\$271938	\$-257014

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	4700
Number of Citizens Exposed to Health Education Messages	53000

Statement Six: Charity Statement

Hospital Charity Charges	\$3197157
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1034990	
HCI Payments	\$0		
Subtotal	\$0	\$1034990	\$-1034990
Medicaid Shortfalls	\$12881899	\$19096966	
Subtotal	\$12881899	\$20131956	\$-7250057
DSH Payments	\$2,408,316		
Subtotal	\$15290215	\$20131956	\$-4841741
Medicare Shortfalls	\$29499977	\$39338060	
Other Government Programs	\$886770	\$1272034	
Total	\$45676962	\$60742050	\$-15065088

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$810550	\$-810550
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments