



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: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$292271000
Outpatient Patient Service Revenue	\$474172000
Total Gross Patient Service Revenue	\$766443000

2. Deductions From Revenue

Contractual Allowance	\$542722000
Other Deductions	\$16116000
Total Deductions	\$558838000

3. Total Operating Revenue

Net Patient Service Revenue	\$307605000
Other Operating Revenue	\$9407000
Total Operating Revenue	\$317012000

4. Operating Expenses

Salaries and Wages	\$82149000	Employee Benefits	\$25156000
Depreciation and Amortization	\$17810000	Interest Expense	\$1908000
Bad Debt	\$27474000	Other Expenses	\$131084000
Total Operating Expenses	\$285581000		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$31431000	Total Assets	\$26451400
Net Non-operating Gains over Loss	\$22000	Total Liabilities	\$96766000
Total Net Gains	\$31453000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$440027000	\$345328000	\$94699000
Medicaid	\$120050000	\$86361000	\$33689000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$306366000	\$127149000	\$179217000
Total	\$866443000	\$558838000	\$307605000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$350000	\$-350000

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	\$656000	\$-656000
Hospital Patients	\$0	\$2277000	\$-2277000
Community Education	\$0	\$531000	\$-531000

Number of Medical Professionals Trained	309
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Number of Hospital Patients Educated	10442
Number of Citizens Exposed to Health Education Messages	50814

Statement Six: Charity Statement

Hospital Charity Charges	\$7709000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2297000	
HCI Payments	\$0		
Subtotal	\$0	\$2297000	\$-2297000
Medicaid Shortfalls	\$33689000	\$35762000	
Subtotal	\$33689000	\$38059000	\$-4370000
DSH Payments	\$0		
Subtotal	\$33689000	\$38059000	\$-4370000
Medicare Shortfalls	\$94699000	\$131081000	
Other Government Programs	\$0	\$0	
Total	\$128388000	\$169140000	\$-40752000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$93000	\$459000	\$-366000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

