



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

Year End: 12/31/2018 (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	\$919668567
Outpatient Patient Service Revenue	\$655048545
Total Gross Patient Service Revenue	\$1574717112

2. Deductions From Revenue

Contractual Allowance	\$972373639
Other Deductions	\$20311156
Total Deductions	\$992684795

3. Total Operating Revenue

Net Patient Service Revenue	\$582032317
Other Operating Revenue	\$22144468
Total Operating Revenue	\$604176785

4. Operating Expenses

Salaries and Wages	\$151190556	Employee Benefits	\$42258978
Depreciation and Amortization	\$30114882	Interest Expense	\$5604175
Bad Debt	\$38194104	Other Expenses	\$218458319
Total Operating Expenses	\$485821014		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$118355771	Total Assets	\$538957000
Net Non-operating Gains over Loss	\$1750692	Total Liabilities	\$538957000
Total Net Gains	\$120106463		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$701856107	\$559816243	\$142039864
Medicaid	\$277027385	\$189479572	\$87547813
Other Government	\$0	\$0	\$0
Other State	\$19629443	\$17869855	\$1759588
Other Payers	\$576204177	\$205207969	\$370996208
Total	\$1574717112	\$972373639	\$602343473

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$268087	\$-268087

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$102641	\$426060	\$-323419

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$458902	\$7254666	\$-6795764
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$11158603
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3171937	
HCI Payments	\$0		
Subtotal	\$0	\$3171937	\$-3171937
Medicaid Shortfalls	\$79615508	\$84327471	
Subtotal	\$79615508	\$87499408	\$-7883900
DSH Payments	\$11,624,939		
Subtotal	\$91240447	\$87499408	\$3741039
Medicare Shortfalls	\$145104341	\$199509147	
Other Government Programs	\$0	\$0	
Total	\$236344788	\$287008555	\$-50663767

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2221448	\$5037393	\$-2815945
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$605952	\$-605952
Other Allocations	\$0	\$0	\$0

Comments

