



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: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: SEYMOUR

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Candy Arbuckle Schulze

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Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$92942616
Outpatient Patient Service Revenue	\$391972719
Total Gross Patient Service Revenue	\$484915335

2. Deductions From Revenue

Contractual Allowance	\$279661733
Other Deductions	\$1728345
Total Deductions	\$281390078

3. Total Operating Revenue

Net Patient Service Revenue	\$203525257
Other Operating Revenue	\$10147991
Total Operating Revenue	\$213673248

4. Operating Expenses

Salaries and Wages	\$80157734	Employee Benefits	\$17555866
Depreciation and Amortization	\$11515606	Interest Expense	\$473334
Bad Debt	\$15527562	Other Expenses	\$59365593
Total Operating Expenses	\$184595695		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$29077553	Total Assets	\$513326254
Net Non-operating Gains over Loss	\$10526232	Total Liabilities	\$73617481
Total Net Gains	\$39603785		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$196390404	\$148720496	\$47669908
Medicaid	\$88749583	\$52603051	\$36146532
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$199775348	\$80066531	\$119708817
Total	\$484915335	\$281390078	\$203525257

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$525892	\$217192	\$308700

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	\$14898	\$-14898
Community Education	\$82554	\$38515	\$44039

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	\$1728345
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$466029	
HCI Payments	\$0		
Subtotal	\$0	\$466029	\$-466029
Medicaid Shortfalls	\$3852206	\$6317346	
Subtotal	\$3852206	\$6783375	\$-2931169
DSH Payments	\$2,073,881		

	Subtotal	\$5926087	\$6783375	\$-857288
Medicare Shortfalls		\$18189286	\$24143375	
Other Government Programs		\$0	\$0	
	Total	\$24115373	\$30926750	\$-6811377

Statement Seven: Subsidized Health Services for the Community
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	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	\$14033367	\$19952560	\$-5919193

Comments

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