



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 & HEALTH CARE CENTER (JASPER)

City of Hospital: JASPER

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Person Completing the Report: Shannon Ebenkamp

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Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$98212733
Outpatient Patient Service Revenue	\$192988494
Total Gross Patient Service Revenue	\$291201227

2. Deductions From Revenue

Contractual Allowance	\$125463580
Other Deductions	\$5880854
Total Deductions	\$131344434

3. Total Operating Revenue

Net Patient Service Revenue	\$159856793
Other Operating Revenue	\$3982902
Total Operating Revenue	\$163839695

4. Operating Expenses

Salaries and Wages	\$65172633	Employee Benefits	\$15722191
Depreciation and Amortization	\$10040654	Interest Expense	\$2363545
Bad Debt	\$8182647	Other Expenses	\$57417552
Total Operating Expenses	\$158899222		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4940473	Total Assets	\$214033283
Net Non-operating Gains over Loss	\$1179276	Total Liabilities	\$75902067
Total Net Gains	\$6119749		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$133267682	\$78021883	\$55245799
Medicaid	\$24825322	\$17623930	\$7201392
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$133108223	\$29817766	\$103290457
Total	\$291201227	\$125463579	\$165737648

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$791119	\$939700	\$-148581

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	\$0	\$0
Community Education	\$486941	\$423913	\$63028

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	237915
Number of Citizens Exposed to Health Education Messages	70500

Statement Six: Charity Statement

Hospital Charity Charges	\$3508564
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1486459	
HCI Payments	\$0		
Subtotal	\$0	\$1486459	\$-1486459
Medicaid Shortfalls	\$2522019	\$5278356	
Subtotal	\$2522019	\$6764815	\$-4242796
DSH Payments	\$0		
Subtotal	\$2522019	\$6764815	\$-4242796
Medicare Shortfalls	\$29100278	\$36577111	
Other Government Programs	\$0	\$0	
Total	\$31622297	\$43341926	\$-11719629

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$752738	\$1126793	\$-374055
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$179176	\$-179176
Other Allocations	\$0	\$0	\$0

Comments



