



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: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (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
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$386636000
Outpatient Patient Service Revenue	\$378183000
Total Gross Patient Service Revenue	\$764819000

2. Deductions From Revenue

Contractual Allowance	\$464070000
Other Deductions	\$16828000
Total Deductions	\$480898000

3. Total Operating Revenue

Net Patient Service Revenue	\$283921000
Other Operating Revenue	\$14676000
Total Operating Revenue	\$298597000

4. Operating Expenses

Salaries and Wages	\$95210000	Employee Benefits	\$29998000
Depreciation and Amortization	\$13072000	Interest Expense	\$1790000
Bad Debt	\$23754000	Other Expenses	\$129855000
Total Operating Expenses	\$293679000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4918000	Total Assets	\$470364000
Net Non-operating Gains over Loss	\$20462000	Total Liabilities	\$158809000
Total Net Gains	\$25380000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$357252000	\$273309000	\$83943000
Medicaid	\$84771000	\$78532000	\$6239000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$322796000	\$129057000	\$193739000
Total	\$764819000	\$480898000	\$283921000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$202000	\$-202000

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	\$209000	\$-209000
Hospital Patients	\$0	\$2568000	\$-2568000
Community Education	\$0	\$539000	\$-539000

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Number of Medical Professionals Trained	126
Number of Hospital Patients Educated	11566
Number of Citizens Exposed to Health Education Messages	15326

Statement Six: Charity Statement

Hospital Charity Charges	\$13732000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8964000	
HCI Payments	\$0		
Subtotal	\$0	\$8964000	\$-8964000
Medicaid Shortfalls	\$6238000	\$29918000	
Subtotal	\$6238000	\$38882000	\$-32644000
DSH Payments	\$2,796,000		
Subtotal	\$9034000	\$38882000	\$-29848000
Medicare Shortfalls	\$83943000	\$126083000	
Other Government Programs	\$0	\$0	
Total	\$92977000	\$164965000	\$-71988000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$324000	\$1030000	\$-706000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



