



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: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Tony Roberts

Email Address: tony.roberts@mgh.net

Medicare Provider Number: 150011

## Statement One: Summary of Revenue and Expenses

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$111059108
Outpatient Patient Service Revenue	\$286204723
Total Gross Patient Service Revenue	\$397263831

## 2. Deductions From Revenue

Contractual Allowance	\$206175154
Other Deductions	\$36906496
Total Deductions	\$243081650

## 3. Total Operating Revenue

Net Patient Service Revenue	\$154182180
Other Operating Revenue	\$1815306
Total Operating Revenue	\$155997486

## 4. Operating Expenses

Salaries and Wages	\$48331139	Employee Benefits	\$15892381
Depreciation and Amortization	\$9724415	Interest Expense	\$1312636
Bad Debt	\$35586	Other Expenses	\$73579716
Total Operating Expenses	\$148875873		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17426917	Total Assets	\$307130989
Net Non-operating Gains over Loss	\$5973477	Total Liabilities	\$95706771
Total Net Gains	\$23400394		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$127310108	\$122388610	\$4921498
Medicaid	\$59033345	\$41381586	\$17651759
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$210920378	\$79311454	\$131608924
Total	\$397263831	\$243081650	\$154182181

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1467556	\$-1467556

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$797	\$-797

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$583245	\$-583245
Hospital Patients	\$0	\$0	\$0
Community Education	\$7068	\$870176	\$-863108

--	--

Number of Medical Professionals Trained	2048
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	131401

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$22278003
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9085868	
HCI Payments	\$0		
Subtotal	\$0	\$9085868	\$-9085868
Medicaid Shortfalls	\$20532155	\$30603557	
Subtotal	\$20532155	\$39689425	\$-19157270
DSH Payments	\$1,574,339		
Subtotal	\$22106494	\$39689425	\$-17582931
Medicare Shortfalls	\$32809204	\$39226520	
Other Government Programs	\$0	\$0	
Total	\$54915698	\$78915945	\$-24000247

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$21180	\$405694	\$-384514
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$273082	\$-273082
Other Allocations	\$0	\$0	\$0

Comments



