



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 (LOGANSPORT)

City of Hospital: Logansport

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

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Sherri Gehlhausen

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Medicare Provider Number: 15-0072

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

Inpatient Patient Service Revenue	\$32255231
Outpatient Patient Service Revenue	\$115255938
Total Gross Patient Service Revenue	\$147511169

2. Deductions From Revenue

Contractual Allowance	\$79706067
Other Deductions	\$3013035
Total Deductions	\$82719102

3. Total Operating Revenue

Net Patient Service Revenue	\$64792067
Other Operating Revenue	\$2746811
Total Operating Revenue	\$67538878

4. Operating Expenses

Salaries and Wages	\$26356910	Employee Benefits	\$7225796
Depreciation and Amortization	\$3857192	Interest Expense	\$444341
Bad Debt	\$7016477	Other Expenses	\$19401428
Total Operating Expenses	\$64302144		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3236734	Total Assets	\$83988412
Net Non-operating Gains over Loss	\$38481	Total Liabilities	\$31506465
Total Net Gains	\$3275215		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$58319686	\$40028698	\$18290988
Medicaid	\$25274840	\$22722880	\$2551960
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63916643	\$19967524	\$43949119
Total	\$147511169	\$82719102	\$64792067

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$298168	\$-298168

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	\$161821	\$-161821
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$15079	\$-15079

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Number of Medical Professionals Trained	108
Number of Hospital Patients Educated	97975
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$3013035
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$884038	
HCI Payments	\$0		
Subtotal	\$0	\$884038	\$-884038
Medicaid Shortfalls	\$6473654	\$7415755	
Subtotal	\$6473654	\$8299793	\$-1826139
DSH Payments	\$2,507,161		
Subtotal	\$8980815	\$8299793	\$681022
Medicare Shortfalls	\$14896106	\$17111266	
Other Government Programs	\$0	\$0	
Total	\$23876921	\$25411059	\$-1534138

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$16105	\$-16105
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



