



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:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	
Outpatient Patient Service Revenue	
<b>Total Gross Patient Service Revenue</b>	<b>\$296413223</b>

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
<b>Total Deductions</b>	<b>\$162529541</b>

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
<b>Total Operating Revenue</b>	<b>\$136518698</b>

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
<b>Total Operating Expenses</b>	<b>\$127494126</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$11432669		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$46767530
Medicaid			\$12554825
Other Government			\$0
Other State			\$0
Other Payers			\$77196343
Total	\$296413223	\$159894525	\$136518698

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$200576

Statement Four: Research Statement

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

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$0
Hospital Patients			\$-16779
Community Education			\$41937

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	

Number of Citizens Exposed to Health Education Messages	
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**Statement Six: Charity Statement**

**Hospital Charity Charges**

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$1140583	\$-1140583
Medicaid Shortfalls			
Subtotal	\$4730283	\$7065022	\$-2334739
DSH Payments			
Subtotal	\$6169378	\$7065022	\$-895644
Medicare Shortfalls			
Other Government Programs			
Total	\$20891240	\$34930840	\$-14039600

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$0
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$-3624120

Comments