



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: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Chris Pickett

Email Address: cpickett@johnsonmemorial.org

Medicare Provider Number: 150001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41006841
Outpatient Patient Service Revenue	\$132335289
Total Gross Patient Service Revenue	\$173342130

2. Deductions From Revenue

Contractual Allowance	\$105851308
Other Deductions	\$8970094
Total Deductions	\$114821402

3. Total Operating Revenue

Net Patient Service Revenue	\$63852191
Other Operating Revenue	\$11185690
Total Operating Revenue	\$75037881

4. Operating Expenses

Salaries and Wages	\$33574432	Employee Benefits	\$7053193
Depreciation and Amortization	\$4537041	Interest Expense	\$2177
Bad Debt	\$5331464	Other Expenses	\$23476028
Total Operating Expenses	\$73974335		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1063545	Total Assets	\$117080562
Net Non-operating Gains over Loss	\$403086	Total Liabilities	\$117080562

Total Net Gains	\$1466631
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$77682371	\$57968507	\$19713864
Medicaid	\$17559889	\$13422460	\$4137429
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$74794735	\$40714607	\$34080128
Total	\$170036995	\$112105574	\$57931421

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$10000	\$0	\$10000

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	\$194698	\$-194698
Hospital Patients	\$95247	\$80466	\$14781
Community Education	\$0	\$245588	\$-245588

Number of Medical Professionals Trained	1095
Number of Hospital Patients Educated	5055
Number of Citizens Exposed to Health Education Messages	2320

Statement Six: Charity Statement

Hospital Charity Charges	\$4959501
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2975701	
HCI Payments	\$0		
Subtotal	\$0	\$2975701	\$-2975701
Medicaid Shortfalls	\$4337429	\$6223529	
Subtotal	\$4337429	\$8406707	\$-4069278
DSH Payments	\$550,675		
Subtotal	\$4888104	\$8406707	\$-3518603
Medicare Shortfalls	\$19713864	\$27137004	
Other Government Programs	\$3581406	\$5508736	
Total	\$28183374	\$41052447	\$-12869073

Statement Seven: Subsidized Health Services for the Community

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

Comments

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