



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: MAJOR HOSPITAL

City of Hospital: SHELBYVILLE

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

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

Person Completing the Report: Jack Mccauley

Email Address: jmccauley@majorhospital.org

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$68837196
Outpatient Patient Service Revenue	\$205286309
<b>Total Gross Patient Service Revenue</b>	<b>\$274123505</b>

2. Deductions From Revenue

Contractual Allowance	\$168366387
Other Deductions	\$5457563
<b>Total Deductions</b>	<b>\$173823950</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$100299555
Other Operating Revenue	\$28644395
<b>Total Operating Revenue</b>	<b>\$128943950</b>

4. Operating Expenses

Salaries and Wages	\$39004191	Employee Benefits	\$9681967
Depreciation and Amortization	\$5850263	Interest Expense	\$287837
Bad Debt	\$7475693	Other Expenses	\$31724594
<b>Total Operating Expenses</b>	<b>\$94024545</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$34919404	Total Assets	\$249950035
Net Non-operating Gains over Loss	\$-776900	Total Liabilities	\$94704309
Total Net Gains	\$34142504		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$119391212	\$72901242	\$46489970
Medicaid	\$28068663	\$15528099	\$12540564
Other Government	\$2397418	\$1927135	\$470283
Other State	\$24495175	\$20239172	\$4256003
Other Payers	\$99771037	\$63228302	\$36542735
Total	\$274123505	\$173823950	\$100299555

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$79262	\$-79262

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	\$0	\$0
Hospital Patients	\$4178	\$329237	\$-325059
Community Education	\$12512	\$222482	\$-209970

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	4600
Number of Citizens Exposed to Health Education Messages	51000

Statement Six: Charity Statement
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Hospital Charity Charges	\$5454563
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1713612	
HCI Payments	\$0		
Subtotal	\$0	\$1713612	\$-1713612
Medicaid Shortfalls	\$8542538	\$16400212	
Subtotal	\$8542538	\$18113824	\$-9571286
DSH Payments	\$3,542,485		
Subtotal	\$12085023	\$18113824	\$-6028801
Medicare Shortfalls	\$28838375	\$47270916	
Other Government Programs	\$4726286	\$8120285	
Total	\$45649684	\$73505025	\$-27855341

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$693988	\$-693988
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments