



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 (LOGANSFORT)

City of Hospital: Logansport

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

Year End: 12/31/2015 (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

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$37107372
Outpatient Patient Service Revenue	\$125640497
Total Gross Patient Service Revenue	\$162747869

2. Deductions From Revenue

Contractual Allowance	\$85761918
Other Deductions	\$1881014
Total Deductions	\$87642932

3. Total Operating Revenue

Net Patient Service Revenue	\$75104937
Other Operating Revenue	\$1535097
Total Operating Revenue	\$76640034

4. Operating Expenses

Salaries and Wages	\$29301380	Employee Benefits	\$7744357
Depreciation and Amortization	\$3690959	Interest Expense	\$551056
Bad Debt	\$7863865	Other Expenses	\$23562008
Total Operating Expenses	\$72713625		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3926409	Total Assets	\$90457308
Net Non-operating Gains over Loss	\$99385	Total Liabilities	\$30046529

Total Net Gains	\$4025794
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$62343615	\$40501176	\$21842439
Medicaid	\$32106387	\$22205669	\$9900718
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$68297867	\$24936087	\$43361780
Total	\$162747869	\$87642932	\$75104937

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	\$172628	\$-172628
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$15079	\$-15079

Number of Medical Professionals Trained	140
Number of Hospital Patients Educated	108604
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1881014
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$556491	
HCI Payments	\$0		
Subtotal	\$0	\$556491	\$-556491
Medicaid Shortfalls	\$5986561	\$9498557	
Subtotal	\$5986561	\$10055048	\$-4068487
DSH Payments	\$1,241,256		
Subtotal	\$7227817	\$10055048	\$-2827231
Medicare Shortfalls	\$18282326	\$18444131	
Other Government Programs	\$0	\$0	
Total	\$25510143	\$28499179	\$-2989036

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

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