



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 OF SOUTH BEND

City of Hospital: South Bend

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

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

Person Completing the Report: Sally Marker

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Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$798285442
Outpatient Patient Service Revenue	\$503127926
Total Gross Patient Service Revenue	\$1301413368

2. Deductions From Revenue

Contractual Allowance	\$775511620
Other Deductions	\$25012121
Total Deductions	\$800523741

3. Total Operating Revenue

Net Patient Service Revenue	\$500889627
Other Operating Revenue	\$22207940
Total Operating Revenue	\$523097567

4. Operating Expenses

Salaries and Wages	\$140823627	Employee Benefits	\$37735950
Depreciation and Amortization	\$28912641	Interest Expense	\$4770044
Bad Debt	\$36368656	Other Expenses	\$194784984
Total Operating Expenses	\$443395902		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$79701665	Total Assets	\$555880000
Net Non-operating Gains over Loss	\$7789453	Total Liabilities	\$555880000
Total Net Gains	\$87491118		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$553524112	\$426447826	\$127076286
Medicaid	\$245486550	\$163957479	\$81529071
Other Government	\$0	\$0	\$0
Other State	\$17573579	\$14695364	\$2878215
Other Payers	\$484829128	\$170410951	\$314418177
Total	\$1301413369	\$775511620	\$525901749

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$699240	\$-699240

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$139665	\$423225	\$-283560

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$374538	\$7548258	\$-7173720
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$11264880
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3523187	
HCI Payments	\$0		
Subtotal	\$0	\$3523187	\$-3523187
Medicaid Shortfalls	\$74826529	\$67403364	
Subtotal	\$74826529	\$70926551	\$3899978
DSH Payments	\$14,752,875		
Subtotal	\$89579404	\$70926551	\$18652853
Medicare Shortfalls	\$130160676	\$169085621	
Other Government Programs	\$0	\$0	
Total	\$219740080	\$240012172	\$-20272092

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2340492	\$5772366	\$-3431874
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$399451	\$-399451
Other Allocations	\$0	\$0	\$0

Comments