



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: PHYSICIANS MEDICAL CENTER

City of Hospital: New Albany, IN

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

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

Person Completing the Report: Jennifer Dennis

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Medicare Provider Number: 15-0172

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13133519
Outpatient Patient Service Revenue	\$162765939
Total Gross Patient Service Revenue	\$175899458

2. Deductions From Revenue

Contractual Allowance	\$13218348
Other Deductions	\$0
Total Deductions	\$13218348

3. Total Operating Revenue

Net Patient Service Revenue	\$43715971
Other Operating Revenue	\$60522
Total Operating Revenue	\$43776493

4. Operating Expenses

Salaries and Wages	\$7499697	Employee Benefits	\$1353881
Depreciation and Amortization	\$672163	Interest Expense	\$58181
Bad Debt	\$2973884	Other Expenses	\$20587995
Total Operating Expenses	\$33145801		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10630692	Total Assets	\$22487749
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$7675116

Total Net Gains	\$10630692
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51789882	\$38476055	\$13313827
Medicaid	\$22419557	\$16804887	\$5614670
Other Government	\$1620878	\$1240754	\$380124
Other State	\$0	\$0	\$0
Other Payers	\$100069141	\$75661791	\$24407350
Total	\$175899458	\$132183487	\$43715971

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

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

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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