



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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Sherri Gehlhausen

Email Address: sgehlhausen@logansportmemorial.org

Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$34711066
Outpatient Patient Service Revenue	\$136908047
Total Gross Patient Service Revenue	\$171619113

2. Deductions From Revenue

Contractual Allowance	\$92664978
Other Deductions	\$1630892
Total Deductions	\$94295870

3. Total Operating Revenue

Net Patient Service Revenue	\$77323243
Other Operating Revenue	\$2028919
Total Operating Revenue	\$79352162

4. Operating Expenses

Salaries and Wages	\$31318222	Employee Benefits	\$8696940
Depreciation and Amortization	\$3736112	Interest Expense	\$522236
Bad Debt	\$7303985	Other Expenses	\$25913479
Total Operating Expenses	\$77490974		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1861188	Total Assets	\$94668592
Net Non-operating Gains over Loss	\$139973	Total Liabilities	\$32256655

Total Net Gains	\$2001161
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$64278945	\$40291990	\$23986955
Medicaid	\$37732782	\$28500878	\$9231904
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$69607386	\$25503002	\$44104384
Total	\$171619113	\$94295870	\$77323243

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$600963	\$-600963

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	\$155861	\$-155861
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$17364	\$-17364

Number of Medical Professionals Trained	162
Number of Hospital Patients Educated	112467
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1630892
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$487800	
HCI Payments	\$0		
Subtotal	\$0	\$487800	\$-487800
Medicaid Shortfalls	\$8233347	\$11285875	
Subtotal	\$8233347	\$11773675	\$-3540328
DSH Payments	\$1,612,935		
Subtotal	\$9846282	\$11773675	\$-1927393
Medicare Shortfalls	\$18482776	\$19225832	
Other Government Programs	\$0	\$0	
Total	\$28329058	\$30999507	\$-2670449

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1890	\$-1890
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//