



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

Year End: 12/31/2016 (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	\$821628075
Outpatient Patient Service Revenue	\$541730720
Total Gross Patient Service Revenue	\$1363358795

2. Deductions From Revenue

Contractual Allowance	\$834366333
Other Deductions	\$23751678
Total Deductions	\$858118011

3. Total Operating Revenue

Net Patient Service Revenue	\$505240784
Other Operating Revenue	\$16984834
Total Operating Revenue	\$522225618

4. Operating Expenses

Salaries and Wages	\$143776040	Employee Benefits	\$39694771
Depreciation and Amortization	\$29521565	Interest Expense	\$5321958
Bad Debt	\$29577456	Other Expenses	\$197224837
Total Operating Expenses	\$445116627		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$77108991	Total Assets	\$591066000
Net Non-operating Gains over Loss	\$-1776983	Total Liabilities	\$591066000

Total Net Gains	\$75332008
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$577282313	\$449296660	\$127985653
Medicaid	\$262358087	\$184282129	\$78075958
Other Government	\$0	\$0	\$0
Other State	\$15557157	\$14582486	\$974671
Other Payers	\$508161238	\$186205058	\$321956180
Total	\$1363358795	\$834366333	\$528992462

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$523547	\$-523547

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$191937	\$396013	\$-204076

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$411105	\$7908263	\$-7497158
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	\$10727610
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3269714	
HCI Payments	\$0		
Subtotal	\$0	\$3269714	\$-3269714
Medicaid Shortfalls	\$65753216	\$84706972	
Subtotal	\$65753216	\$87976686	\$-22223470
DSH Payments	\$16,490,000		
Subtotal	\$82243216	\$87976686	\$-5733470
Medicare Shortfalls	\$131965903	\$175952337	
Other Government Programs	\$0	\$0	
Total	\$214209119	\$263929023	\$-49719904

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1926439	\$4893408	\$-2966969
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$305606	\$-305606
Other Allocations	\$0	\$0	\$0

Comments

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