



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: PULASKI MEMORIAL HOSPITAL

City of Hospital: Winamac

Year Begin: 10/01/0015 (mm/dd/yyyy format)

Year End: 09/30/0016 (mm/dd/yyyy format)

Person Completing the Report: John Kraft

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Medicare Provider Number: 15-1305

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13195531
Outpatient Patient Service Revenue	\$49684620
Total Gross Patient Service Revenue	\$62880151

2. Deductions From Revenue

Contractual Allowance	\$30934278
Other Deductions	\$399840
Total Deductions	\$31334118

3. Total Operating Revenue

Net Patient Service Revenue	\$31546033
Other Operating Revenue	\$765764
Total Operating Revenue	\$32311797

4. Operating Expenses

Salaries and Wages	\$14772211	Employee Benefits	\$4165652
Depreciation and Amortization	\$1152174	Interest Expense	\$194693
Bad Debt	\$1717091	Other Expenses	\$10305861
Total Operating Expenses	\$32307682		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4115	Total Assets	\$20438685
Net Non-operating Gains over Loss	\$2624100	Total Liabilities	\$8245551

Total Net Gains	\$2628215
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$27803178	\$15793912	\$12009266
Medicaid	\$8099727	\$6884768	\$1214959
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26977246	\$8655438	\$18321808
Total	\$62880151	\$31334118	\$31546033

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$108861	\$147158	\$-38297

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	\$19924	\$-19924
Hospital Patients	\$0	\$0	\$0
Community Education	\$4348	\$1313	\$3035

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	\$180862
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$180862	
HCI Payments	\$0		
Subtotal	\$0	\$180862	\$-180862
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$589,576		
Subtotal	\$589576	\$0	\$589576
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$589576	\$0	\$589576

Statement Seven: Subsidized Health Services for the Community

	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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