



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: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg, IN

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

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

Person Completing the Report: Kelly Ledbetter

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Medicare Provider Number: 151334

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16138000
Outpatient Patient Service Revenue	\$46044000
<b>Total Gross Patient Service Revenue</b>	<b>\$62182000</b>

2. Deductions From Revenue

Contractual Allowance	\$38503000
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$38503000</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$23679000
Other Operating Revenue	\$676000
<b>Total Operating Revenue</b>	<b>\$24355000</b>

4. Operating Expenses

Salaries and Wages	\$9595000	Employee Benefits	\$2052000
Depreciation and Amortization	\$724000	Interest Expense	\$129000
Bad Debt	\$3449000	Other Expenses	\$9644000
<b>Total Operating Expenses</b>	<b>\$25593000</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1238000	Total Assets	\$12684000
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$4136000

Total Net Gains	\$-1238000
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21273000	\$14363000	\$6910000
Medicaid	\$852000	\$571000	\$281000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$40057000	\$23569000	\$16488000
Total	\$62182000	\$38503000	\$23679000

Statement Three: Donations Statement

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

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	\$0	\$0
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	\$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	\$2,000		
Subtotal	\$2000	\$0	\$2000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2000	\$0	\$2000

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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