



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: MAJOR HOSPITAL

City of Hospital: Shelbyville

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Beth Coffey

Email Address: bcoffey@majorhospital.org

Medicare Provider Number: 15-0097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$80016328
Outpatient Patient Service Revenue	\$308308934
Total Gross Patient Service Revenue	\$388325262

2. Deductions From Revenue

Contractual Allowance	\$250250535
Other Deductions	\$1633560
Total Deductions	\$251884095

3. Total Operating Revenue

Net Patient Service Revenue	\$136441167
Other Operating Revenue	\$35340640
Total Operating Revenue	\$171781807

4. Operating Expenses

Salaries and Wages	\$52096504	Employee Benefits	\$16110364
Depreciation and Amortization	\$11636708	Interest Expense	\$3086478
Bad Debt	\$6957873	Other Expenses	\$53328018
Total Operating Expenses	\$143215945		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$28565861	Total Assets	\$353915858
Net Non-operating Gains over Loss	\$-1702448	Total Liabilities	\$135970903
Total Net Gains	\$26863413		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$170035562	\$118362840	\$51672722
Medicaid	\$75566737	\$48718265	\$26848472
Other Government	\$5209631	\$3697249	\$1512382
Other State	\$0	\$0	\$0
Other Payers	\$137513331	\$79472181	\$58041150
Total	\$388325261	\$250250535	\$138074726

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$800000	\$346451	\$453549

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	\$31077	\$262440	\$-231363
Community Education	\$34567	\$339170	\$-304603

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	5000
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$1633560
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$573194	
HCI Payments	\$0		
Subtotal	\$0	\$573194	\$-573194
Medicaid Shortfalls	\$17909082	\$28472840	
Subtotal	\$17909082	\$29046034	\$-11136952
DSH Payments	\$3,049,895		
Subtotal	\$20958977	\$29046034	\$-8087057
Medicare Shortfalls	\$38727938	\$60521475	
Other Government Programs	\$645327	\$1164604	
Total	\$60332242	\$90732113	\$-30399871

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1005247	\$-1005247
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

