



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: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Karen Chalk

Email Address: karen.chalk@mgh.net

Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$113383260
Outpatient Patient Service Revenue	\$364903792
Total Gross Patient Service Revenue	\$478287052

2. Deductions From Revenue

Contractual Allowance	\$282837380
Other Deductions	\$23927608
Total Deductions	\$306764988

3. Total Operating Revenue

Net Patient Service Revenue	\$171522065
Other Operating Revenue	\$1736061
Total Operating Revenue	\$173258126

4. Operating Expenses

Salaries and Wages	\$45359503	Employee Benefits	\$16006241
Depreciation and Amortization	\$11531749	Interest Expense	\$1884623
Bad Debt	\$-106807	Other Expenses	\$96504920
Total Operating Expenses	\$171180229		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$2077897	Total Assets	\$382696177
Net Non-operating Gains over Loss	\$14652166	Total Liabilities	\$99958422
Total Net Gains	\$16730063		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$209674822	\$155196662	\$54478160
Medicaid	\$94590997	\$73593038	\$20997959
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$174021233	\$77975288	\$96045945
Total	\$478287052	\$306764988	\$171522064

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$465951	\$-465951

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$3080	\$-3080

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1270369	\$-1270369
Hospital Patients	\$0	\$0	\$0
Community Education	\$31688	\$302267	\$-270579

Number of Medical Professionals Trained	2556
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Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	104926

Statement Six: Charity Statement

Hospital Charity Charges	\$12389852
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4966613	
HCI Payments	\$0		
Subtotal	\$0	\$4966613	\$-4966613
Medicaid Shortfalls	\$22874060	\$46253728	
Subtotal	\$22874060	\$51220341	\$-28346281
DSH Payments	\$0		
Subtotal	\$22874060	\$51220341	\$-28346281
Medicare Shortfalls	\$46986288	\$84058636	
Other Government Programs	\$0	\$0	
Total	\$69860348	\$135278977	\$-65418629

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$66570	\$389485	\$-322915
Community Assessment	\$0	\$4246	\$-4246
Provision of Taxes	\$0	\$317522	\$-317522
Other Allocations	\$0	\$1495690	\$-1495690

Comments

