



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 AND HEALTH CARE CENTER

City of Hospital: Jasper

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

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

Person Completing the Report: Michelle Cave

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Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$126835599
Outpatient Patient Service Revenue	\$391794279
Total Gross Patient Service Revenue	\$518629878

2. Deductions From Revenue

Contractual Allowance	\$294679046
Other Deductions	\$3025912
Total Deductions	\$297704958

3. Total Operating Revenue

Net Patient Service Revenue	\$220924920
Other Operating Revenue	\$3928501
Total Operating Revenue	\$224853421

4. Operating Expenses

Salaries and Wages	\$98124794	Employee Benefits	\$21511173
Depreciation and Amortization	\$12848602	Interest Expense	\$2473651
Bad Debt	\$11476004	Other Expenses	\$78017532
Total Operating Expenses	\$224451756		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$401665	Total Assets	\$254257739
Net Non-operating Gains over Loss	\$4395226	Total Liabilities	\$70504304
Total Net Gains	\$4796891		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$241911925	\$179338403	\$62573522
Medicaid	\$54841626	\$37441271	\$17400355
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$221876327	\$77899373	\$143976954
Total	\$518629878	\$294679047	\$223950831

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1577956	\$1656149	\$-78193

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	\$648434	\$503859	\$144575

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	257536
Number of Citizens Exposed to Health Education Messages	72500

Statement Six: Charity Statement

Hospital Charity Charges	\$3027661
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$879153	
HCI Payments	\$0		
Subtotal	\$0	\$879153	\$-879153
Medicaid Shortfalls	\$2555359	\$1233585	
Subtotal	\$2555359	\$2112738	\$442621
DSH Payments	\$0		
Subtotal	\$2555359	\$2112738	\$442621
Medicare Shortfalls	\$49165448	\$58231539	
Other Government Programs	\$0	\$0	
Total	\$51720807	\$60344277	\$-8623470

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4516275	\$5303953	\$-787678
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$164876	\$-164876
Other Allocations	\$0	\$0	\$0

Comments

