



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: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: Seymour

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

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

Person Completing the Report: Debbie Mann

Email Address: dmann@schneckmed.org

Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$65280843
Outpatient Patient Service Revenue	\$311718847
<b>Total Gross Patient Service Revenue</b>	<b>\$376999690</b>

2. Deductions From Revenue

Contractual Allowance	\$210911786
Other Deductions	\$4575367
<b>Total Deductions</b>	<b>\$215487153</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$161512537
Other Operating Revenue	\$2214755
<b>Total Operating Revenue</b>	<b>\$163727292</b>

4. Operating Expenses

Salaries and Wages	\$64879707	Employee Benefits	\$18840888
Depreciation and Amortization	\$8667820	Interest Expense	\$599266
Bad Debt	\$14954814	Other Expenses	\$50525107
<b>Total Operating Expenses</b>	<b>\$158467602</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$5259690	Total Assets	\$372391825
Net Non-operating Gains over Loss	\$-4500120	Total Liabilities	\$51667978
Total Net Gains	\$759570		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$153415103	\$108724758	\$44690345
Medicaid	\$59878984	\$34852828	\$25026156
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$163705603	\$71909567	\$91796036
Total	\$376999690	\$215487153	\$161512537

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$283066	\$18727	\$264339

## 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	\$14947	\$-14947
Community Education	\$97555	\$67071	\$30484

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	2362
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4575367
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1260305	
HCI Payments	\$0		
Subtotal	\$0	\$1260305	\$-1260305
Medicaid Shortfalls	\$2157514	\$3975829	
Subtotal	\$2157514	\$5236134	\$-3078620
DSH Payments	\$3,453,828		
Subtotal	\$5611342	\$5236134	\$375208
Medicare Shortfalls	\$7844635	\$24926373	
Other Government Programs	\$0	\$0	
Total	\$13455977	\$30162507	\$-16706530

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	\$7465272	\$11757856	\$-4292584

Comments

