



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: UNITY MEDICAL AND SURGICAL HOSPITAL

City of Hospital: Mishawaka

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

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

Person Completing the Report: Denys Boyer

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Medicare Provider Number: 150177

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$71932911
Outpatient Patient Service Revenue	\$37316260
Total Gross Patient Service Revenue	\$109249171

2. Deductions From Revenue

Contractual Allowance	\$73855069
Other Deductions	\$0
Total Deductions	\$73855069

3. Total Operating Revenue

Net Patient Service Revenue	\$35394102
Other Operating Revenue	\$41906
Total Operating Revenue	\$35436008

4. Operating Expenses

Salaries and Wages	\$11334405	Employee Benefits	\$1208618
Depreciation and Amortization	\$458801	Interest Expense	\$789850
Bad Debt	\$948159	Other Expenses	\$24816151
Total Operating Expenses	\$39555984		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-4119976	Total Assets	\$13349039
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$22625794
Total Net Gains	\$-4119976		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46819532	\$38625533	\$8193999
Medicaid	\$1139709	\$385534	\$754175
Other Government	\$5397120	\$3886352	\$1510768
Other State	\$0	\$0	\$0
Other Payers	\$55892810	\$30957650	\$24935160
Total	\$109249171	\$73855069	\$35394102

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5313	\$-5313

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	\$24985	\$-24985
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained

98

Number of Hospital Patients Educated	3317
Number of Citizens Exposed to Health Education Messages	\$0

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	\$11755	
HCI Payments	\$0		
Subtotal	\$0	\$11755	\$-11755
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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	\$147476	\$-147476
Other Allocations	\$0	\$0	\$0

Comments

