



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: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Rob Kinder

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Medicare Provider Number: 150097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$80899771
Outpatient Patient Service Revenue	\$329065937
Total Gross Patient Service Revenue	\$409965708

2. Deductions From Revenue

Contractual Allowance	\$264388896
Other Deductions	\$1777446
Total Deductions	\$266166342

3. Total Operating Revenue

Net Patient Service Revenue	\$143799366
Other Operating Revenue	\$34720331
Total Operating Revenue	\$178519697

4. Operating Expenses

Salaries and Wages	\$54088982	Employee Benefits	\$14962641
Depreciation and Amortization	\$11731553	Interest Expense	\$3076681
Bad Debt	\$8268061	Other Expenses	\$57967898
Total Operating Expenses	\$150095816		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$28423881	Total Assets	\$398512198
Net Non-operating Gains over Loss	\$22821962	Total Liabilities	\$116117008

Total Net Gains	\$51245843
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$177534042	\$127926026	\$49608016
Medicaid	\$76361212	\$55026434	\$21334778
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$156070454	\$81436436	\$74634018
Total	\$409965708	\$264388896	\$145576812

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$500000	\$0	\$500000

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	\$35510	\$-35510
Hospital Patients	\$0	\$0	\$0
Community Education	\$22345	\$238175	\$-215830

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,016,631		
Subtotal	\$1016631	\$0	\$1016631
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1016631	\$0	\$1016631

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$221580	\$-221580
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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