



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 OF SOUTH BEND

City of Hospital: South Bend

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

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

Person Completing the Report: Sally Marker

Email Address: smarker@beaconhealthsystem.org

Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$962680583
Outpatient Patient Service Revenue	\$724768736
Total Gross Patient Service Revenue	\$1687449319

2. Deductions From Revenue

Contractual Allowance	\$1088685590
Other Deductions	\$21764993
Total Deductions	\$1110450583

3. Total Operating Revenue

Net Patient Service Revenue	\$576998736
Other Operating Revenue	\$27203242
Total Operating Revenue	\$604201978

4. Operating Expenses

Salaries and Wages	\$165239363	Employee Benefits	\$41740660
Depreciation and Amortization	\$30322914	Interest Expense	\$5185562
Bad Debt	\$37156745	Other Expenses	\$230750403
Total Operating Expenses	\$510395647		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$93806331	Total Assets	\$554945000
Net Non-operating Gains over Loss	\$1257660	Total Liabilities	\$554945000

Total Net Gains	\$95063991
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$752967052	\$603828743	\$149138309
Medicaid	\$315532124	\$233390312	\$82141812
Other Government	\$0	\$0	\$0
Other State	\$20663711	\$18355294	\$2308417
Other Payers	\$598286432	\$233111241	\$365175191
Total	\$1687449319	\$1088685590	\$598763729

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$332128	\$-332128

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$391730	\$507617	\$-115887

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$471816	\$7907296	\$-7435480
Hospital Patients	\$0	\$0	\$0
Community Education	\$487894	\$2190243	\$-1702349

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

Statement Six: Charity Statement

Hospital Charity Charges	\$11001777
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3085396	
HCI Payments	\$0		
Subtotal	\$0	\$3085396	\$-3085396
Medicaid Shortfalls	\$75445045	\$94284514	
Subtotal	\$75445045	\$97369910	\$-21924865
DSH Payments	\$13,744,343		
Subtotal	\$89189388	\$97369910	\$-8180522
Medicare Shortfalls	\$150071320	\$211166063	
Other Government Programs	\$0	\$0	
Total	\$239260708	\$308535973	\$-69275265

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1643941	\$2465828	\$-821887
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$34913	\$-34913
Other Allocations	\$0	\$0	\$0

Comments

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