



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: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg

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

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

Person Completing the Report: Kelly Ledbetter

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Medicare Provider Number: 151334

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11393145
Outpatient Patient Service Revenue	\$54471829
Total Gross Patient Service Revenue	\$65864974

2. Deductions From Revenue

Contractual Allowance	\$45561161
Other Deductions	\$0
Total Deductions	\$45561161

3. Total Operating Revenue

Net Patient Service Revenue	\$20303813
Other Operating Revenue	\$658117
Total Operating Revenue	\$20961930

4. Operating Expenses

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Salaries and Wages	\$7797828	Employee Benefits	\$1863621
Depreciation and Amortization	\$779088	Interest Expense	\$675143
Bad Debt	\$3486433	Other Expenses	\$8975378
Total Operating Expenses	\$23577491		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2615561	Total Assets	\$10521932
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3149170
Total Net Gains	\$-2615561		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20370601	\$15625129	\$4745472
Medicaid	\$3209902	\$3097843	\$112059
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$42284471	\$26838189	\$15446282
Total	\$65864974	\$45561161	\$20303813

#### Statement Three: Donations Statement

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

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	\$0	\$0	\$0

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	\$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	\$1,169,052		

	Subtotal	\$1169052	\$0	\$1169052
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$1169052	\$0	\$1169052

Statement Seven: Subsidized Health Services for the Community
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	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	\$0	\$0	\$0

Comments

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