



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: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (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	\$73748663
Outpatient Patient Service Revenue	\$351491160
Total Gross Patient Service Revenue	\$425239823

2. Deductions From Revenue

Contractual Allowance	\$241694189
Other Deductions	\$6457674
Total Deductions	\$248151863

3. Total Operating Revenue

Net Patient Service Revenue	\$177087960
Other Operating Revenue	\$9671703
Total Operating Revenue	\$186759663

4. Operating Expenses

Salaries and Wages	\$71892713	Employee Benefits	\$21020529
Depreciation and Amortization	\$11450367	Interest Expense	\$681919
Bad Debt	\$11525460	Other Expenses	\$56171683
Total Operating Expenses	\$172742671		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14016992	Total Assets	\$453061929
Net Non-operating Gains over Loss	\$12457972	Total Liabilities	\$59547203
Total Net Gains	\$26474964		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$173503894	\$121999377	\$51504517
Medicaid	\$69239499	\$46174852	\$23064647
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$182496430	\$79977634	\$102518796
Total	\$425239823	\$248151863	\$177087960

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$138708	\$245005	\$-106297

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	\$17882	\$-17882
Community Education	\$74108	\$34917	\$39191

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	\$6457674
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2046745	
HCI Payments	\$0		
Subtotal	\$0	\$2046745	\$-2046745
Medicaid Shortfalls	\$3669479	\$5702522	
Subtotal	\$3669479	\$7749267	\$-4079788
DSH Payments	\$1,439,095		

	Subtotal	\$5108574	\$7749267	\$-2640693
Medicare Shortfalls		\$18152875	\$26790045	
Other Government Programs		\$0	\$0	
	Total	\$23261449	\$34539312	\$-11277863

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	\$11934846	\$18667458	\$-6732612

Comments

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