



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: LOGANSPORT MEMORIAL HOSPITAL

City of Hospital: Logansport

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

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

Person Completing the Report: Sherri Gehlhausen

Email Address: sgehlhausen@logansportmemorial.org

Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$34304719
Outpatient Patient Service Revenue	\$183165423
<b>Total Gross Patient Service Revenue</b>	<b>\$217470142</b>

2. Deductions From Revenue

Contractual Allowance	\$123081413
Other Deductions	\$1878584
<b>Total Deductions</b>	<b>\$124959997</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$92510145
Other Operating Revenue	\$2064331
<b>Total Operating Revenue</b>	<b>\$94574476</b>

4. Operating Expenses

Salaries and Wages	\$32614625	Employee Benefits	\$10578242
Depreciation and Amortization	\$4664641	Interest Expense	\$463455
Bad Debt	\$10015384	Other Expenses	\$34398806
<b>Total Operating Expenses</b>	<b>\$92735153</b>		

5. Net Revenue and Expenses

--	--	--	--

Excess Revenue over Expenses	\$1839323	Total Assets	\$97926294
Net Non-operating Gains over Loss	\$8206	Total Liabilities	\$31726981
Total Net Gains	\$1847529		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$91767799	\$64296451	\$27471348
Medicaid	\$41334349	\$28851980	\$12482369
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$84367994	\$31811566	\$52556428
Total	\$217470142	\$124959997	\$92510145

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1688015	\$-1688015

## 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	\$149878	\$-149878
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$10923	\$-10923

Number of Medical Professionals Trained	145
---	-----

Number of Hospital Patients Educated	119830
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1878584
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$548278	
HCI Payments	\$0		
Subtotal	\$0	\$548278	\$-548278
Medicaid Shortfalls	\$11586532	\$12063711	
Subtotal	\$11586532	\$12611989	\$-1025457
DSH Payments	\$2,741,993		
Subtotal	\$14328525	\$12611989	\$1716536
Medicare Shortfalls	\$24206733	\$26783057	
Other Government Programs	\$0	\$0	
Total	\$38535258	\$39395046	\$-859788

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$37778	\$-37778
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

