



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: Seymour

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$59333803
Outpatient Patient Service Revenue	\$170815173
Total Gross Patient Service Revenue	\$230148976

2. Deductions From Revenue

Contractual Allowance	\$117837803
Other Deductions	\$4055663
Total Deductions	\$121893466

3. Total Operating Revenue

Net Patient Service Revenue	\$108255510
Other Operating Revenue	\$2937902
Total Operating Revenue	\$111193412

4. Operating Expenses

Salaries and Wages	\$37651682	Employee Benefits	\$14552451
Depreciation and Amortization	\$8222995	Interest Expense	\$2269405
Bad Debt	\$13014913	Other Expenses	\$29540156
Total Operating Expenses	\$105251602		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5941809	Total Assets	\$220547060
Net Non-operating Gains over Loss	\$4376086	Total Liabilities	\$69166902
Total Net Gains	\$10317895		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$87028218	\$59197050	\$27831168
Medicaid	\$27739251	\$21410925	\$6328326
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$115381507	\$41285491	\$74096016
Total	\$230148976	\$121893466	\$108255510

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$408347	\$30079	\$378268

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	\$15512	\$-15512
Community Education	\$104170	\$91854	\$12316

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	2604
Number of Citizens Exposed to Health Education Messages	120000

Statement Six: Charity Statement

Hospital Charity Charges	\$3596192
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1233091	
HCI Payments	\$0		
Subtotal	\$0	\$1233091	\$-1233091
Medicaid Shortfalls	\$1779023	\$4176307	
Subtotal	\$1779023	\$5409398	\$-3630375
DSH Payments	\$3,665,029		
Subtotal	\$5444052	\$5409398	\$34654
Medicare Shortfalls	\$18396101	\$23335419	
Other Government Programs	\$0	\$0	
Total	\$23840153	\$28744817	\$-4904664

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	\$6525307	\$8050739	\$-1525432