



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 150011

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$88831903
Outpatient Patient Service Revenue	\$233148338
Total Gross Patient Service Revenue	\$321980241

#### 2. Deductions From Revenue

Contractual Allowance	\$161928595
Other Deductions	\$17719392
Total Deductions	\$179647987

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$142332254
Other Operating Revenue	\$2101379
Total Operating Revenue	\$144433633

#### 4. Operating Expenses

Salaries and Wages	\$42806526	Employee Benefits	\$10787526
Depreciation and Amortization	\$8799118	Interest Expense	\$1987880
Bad Debt	\$12372378	Other Expenses	\$55232548
Total Operating Expenses	\$131985976		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$19893387	Total Assets	\$261829909
Net Non-operating Gains over Loss	\$19808503	Total Liabilities	\$71997084
Total Net Gains	\$39701890		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$107664958	\$98944966	\$8719992
Medicaid	\$44983872	\$26212507	\$18771365
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$169331411	\$54490514	\$114840897
Total	\$321980241	\$179647987	\$142332254

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$25215	\$204613	\$-179398

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$3023	\$-3023

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$28855	\$-28855
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$385747	\$-385747

Number of Medical Professionals Trained	2314
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	126056

### Statement Six: Charity Statement

Hospital Charity Charges	\$7544365
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7544365	
HCI Payments	\$0		
Subtotal	\$0	\$7544365	\$-7544365
Medicaid Shortfalls	\$6499916	\$19154133	
Subtotal	\$6499916	\$26698498	\$-20198582
DSH Payments	\$14,535,648		
Subtotal	\$21035564	\$26698498	\$-5662934
Medicare Shortfalls	\$31309363	\$41048732	
Other Government Programs	\$0	\$0	
Total	\$52344927	\$67747230	\$-15402303

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$370435	\$-370435
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$267693	\$-267693
Other Allocations	\$0	\$0	\$0