



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: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (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	\$68286941
Outpatient Patient Service Revenue	\$191910286
Total Gross Patient Service Revenue	\$260197227

2. Deductions From Revenue

Contractual Allowance	\$133743353
Other Deductions	\$4664636
Total Deductions	\$138407989

3. Total Operating Revenue

Net Patient Service Revenue	\$121789238
Other Operating Revenue	\$3216837
Total Operating Revenue	\$125006075

4. Operating Expenses

Salaries and Wages	\$40960987	Employee Benefits	\$13569651
Depreciation and Amortization	\$8283882	Interest Expense	\$2076598
Bad Debt	\$17425321	Other Expenses	\$31897235
Total Operating Expenses	\$114213674		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10792402	Total Assets	\$234635345
Net Non-operating Gains over Loss	\$-175522	Total Liabilities	\$72638307
Total Net Gains	\$10616880		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$99175867	\$65203793	\$33972074
Medicaid	\$31099423	\$25495060	\$5604363
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$129921937	\$47709136	\$82212801
Total	\$260197227	\$138407989	\$121789238

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$194417	\$36911	\$157506

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	\$9202	\$-9202
Community Education	\$95205	\$75340	\$19865

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	2479
Number of Citizens Exposed to Health Education Messages	312045

Statement Six: Charity Statement

Hospital Charity Charges	\$4114279
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1328912	
HCI Payments	\$0		
Subtotal	\$0	\$1328912	\$-1328912
Medicaid Shortfalls	\$1833959	\$5124150	
Subtotal	\$1833959	\$6453062	\$-4619103
DSH Payments	\$3,906,660		
Subtotal	\$5740619	\$6453062	\$-712443
Medicare Shortfalls	\$20746732	\$23323823	
Other Government Programs	\$0	\$0	
Total	\$26487351	\$29776885	\$-3289534

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	\$4214478	\$5595108	\$-1380630