



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: PULASKI MEMORIAL HOSPITAL

City of Hospital: Winamac

Year Begin: 10/01/2012 (mm/dd/yyyy format)

Year End: 09/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Gregg Malott

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Medicare Provider Number: 15-1305

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8923096
Outpatient Patient Service Revenue	\$30350727
Total Gross Patient Service Revenue	\$39273823

2. Deductions From Revenue

Contractual Allowance	\$17468874
Other Deductions	\$2257381
Total Deductions	\$19726255

3. Total Operating Revenue

Net Patient Service Revenue	\$23251253
Other Operating Revenue	\$897687
Total Operating Revenue	\$24148940

4. Operating Expenses

Salaries and Wages	\$10810795	Employee Benefits	\$2166000
Depreciation and Amortization	\$823010	Interest Expense	\$103760
Bad Debt	\$1813372	Other Expenses	\$8978908
Total Operating Expenses	\$24695845		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-546905	Total Assets	\$17685786
Net Non-operating Gains over Loss	\$-13649	Total Liabilities	\$6897585
Total Net Gains	\$-560554		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$19782178	\$10766858	\$9015320
Medicaid	\$5628110	\$4204338	\$1423772
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13863535	\$4755059	\$9108476
Total	\$39273823	\$19726255	\$19547568

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$17934	\$11751	\$6183

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	\$68021	\$-68021
Hospital Patients	\$0	\$6698	\$-6698
Community Education	\$0	\$806	\$-806

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

Statement Six: Charity Statement

Hospital Charity Charges	\$444009
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$444009	
HCI Payments	\$0		
Subtotal	\$0	\$444009	\$-444009
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$195,776		
Subtotal	\$195776	\$0	\$195776
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$195776	\$0	\$195776

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	\$0	\$0	\$0

Comments



