



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: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Micki Spears

Email Address: mspears@johnsonmemorial.org

Medicare Provider Number: 150001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$47117149
Outpatient Patient Service Revenue	\$123998638
Total Gross Patient Service Revenue	\$171115787

2. Deductions From Revenue

Contractual Allowance	\$99628133
Other Deductions	\$5961390
Total Deductions	\$105589523

3. Total Operating Revenue

Net Patient Service Revenue	\$65526264
Other Operating Revenue	\$10879739
Total Operating Revenue	\$76406003

4. Operating Expenses

Salaries and Wages	\$33694954	Employee Benefits	\$7586459
Depreciation and Amortization	\$4511581	Interest Expense	\$11286
Bad Debt	\$7329615	Other Expenses	\$23262098
Total Operating Expenses	\$76395993		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10010	Total Assets	\$80084140
Net Non-operating Gains over Loss	\$-156044	Total Liabilities	\$8646543
Total Net Gains	\$-146034		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$77094744	\$55998100	\$21096644
Medicaid	\$16072789	\$13731043	\$2341746
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$324587263	\$29506789	\$295080474
Total	\$417754796	\$99235932	\$318518864

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$45000	\$0	\$45000

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	\$178652	\$-178652
Hospital Patients	\$86574	\$92795	\$-6221
Community Education	\$68	\$241337	\$-241269

--	--

Number of Medical Professionals Trained	1095
Number of Hospital Patients Educated	5055
Number of Citizens Exposed to Health Education Messages	2320

Statement Six: Charity Statement

Hospital Charity Charges	\$5961390
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$	\$3576834	
HCI Payments	\$0		
Subtotal	\$0	\$3576834	\$-3576834
Medicaid Shortfalls	\$4731201	\$9644672	
Subtotal	\$4731201	\$13221506	\$-8490305
DSH Payments	\$550,675		
Subtotal	\$5281876	\$13221506	\$-7939630
Medicare Shortfalls	\$17620297	\$46300147	
Other Government Programs	\$0	\$0	
Total	\$22902173	\$59521653	\$-36619480

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