



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: **SCOTT COUNTY MEMORIAL HOSPITAL**

City of Hospital: **Scottsburg**

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

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

Person Completing the Report: **Kelly Ledbetter**

Email Address: **kelly.ledbetter@smh1.org**

Medicare Provider Number: **151334**

Statement One: Summary of Revenue and Expenses
--

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15324322
Outpatient Patient Service Revenue	\$44561124
Total Gross Patient Service Revenue	\$59885446

2. Deductions From Revenue

Contractual Allowance	\$31417930
Other Deductions	\$0
Total Deductions	\$31417930

3. Total Operating Revenue

Net Patient Service Revenue	\$28467516
Other Operating Revenue	\$585262
Total Operating Revenue	\$29052778

4. Operating Expenses

Salaries and Wages	\$8876559	Employee Benefits	\$2032424
Depreciation and Amortization	\$1157259	Interest Expense	\$69864
Bad Debt	\$7192064	Other Expenses	\$10307448
Total Operating Expenses	\$29635618		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-582840	Total Assets	\$14087349
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$2030126
Total Net Gains	\$-582840		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20620707	\$13963510	\$6657197
Medicaid	\$6194533	\$2611846	\$3582687
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$33070206	\$14842574	\$18227632
Total	\$59885446	\$31417930	\$28467516

Statement Three: Donations Statement

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

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	\$0	\$0
Community Education	\$0	\$0	\$0

--	--

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	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,637,268		
Subtotal	\$1637268	\$0	\$1637268
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1637268	\$0	\$1637268

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