



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: MARION GENERAL HOSPITAL

City of Hospital: Marion

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Karen Chalk

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Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$115051873	Contractual Allowance	\$346397679
Outpatient Patient Service Revenue	\$443337710	Other Deductions	\$16933619
Total Gross Patient Service Revenue	\$558389583	Total Deductions	\$363331298

3. Total Operating Revenue	
Net Patient Service Revenue	\$195058285
Other Operating Revenue	\$10186955
Total Operating Revenue	\$205245240

4. Operating Expenses

Salaries and Wages	\$83857388	Employee Benefits	\$15254948
Depreciation and Amortization	\$10702028	Interest Expense	\$1246403
Bad Debt	\$-109449	Other Expenses	\$88376619
Total Operating Expenses	\$199327937		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5917304	Total Assets	\$541803002
Net Non-operating Gains over Loss	\$-31387272	Total Liabilities	\$190267050
Total Net Gains	\$-25469968		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$242955472	\$189713674	\$53241798
Medicaid	\$125657469	\$95040458	\$30617011
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$189776642	\$78577166	\$111199476
Total	\$558389583	\$363331298	\$195058285

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$239586	\$-239586

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$3662	\$-3662

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1870748	\$-1870748
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$402453	\$-402453

Number of Medical Professionals Trained	827
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	89902

Statement Six: Charity Statement

Hospital Charity Charges	\$10302017
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3971265	
HCI Payments	\$0		
Subtotal	\$0	\$3971265	\$-3971265
Medicaid Shortfalls	\$34105590	\$55610043	
Subtotal	\$34105590	\$59581308	\$-25475718
DSH Payments	\$4,498,951		

Subtotal	\$38604541	\$59581308	\$-20976767
Medicare Shortfalls	\$52541915	\$93659335	
Other Government Programs	\$0	\$0	
Total	\$91146456	\$153240643	\$-62094187

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$6189	\$-6189
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$355144	\$-355144
Other Allocations	\$0	\$1277594	\$-1277594

Comments