



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL AND HEALTH CARE CENTER

City of Hospital: JASPER

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

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

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Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$142397581
Outpatient Patient Service Revenue	\$581655051
<b>Total Gross Patient Service Revenue</b>	<b>\$724052632</b>

2. Deductions From Revenue

Contractual Allowance	\$458436597
Other Deductions	\$10634218
<b>Total Deductions</b>	<b>\$469070815</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$254981817
Other Operating Revenue	\$14927508
<b>Total Operating Revenue</b>	<b>\$269909325</b>

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$118019773	Employee Benefits	\$25529701
Depreciation and Amortization	\$16378497	Interest Expense	\$2344574
Bad Debt	\$7571184	Other Expenses	\$99397594
Total Operating Expenses	\$269241323		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$668002	Total Assets	\$350628990
Net Non-operating Gains over Loss	\$-9757887	Total Liabilities	\$127515635
Total Net Gains	\$-9089885		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$349682038	\$258449173	\$91232865
Medicaid	\$88269811	\$59999238	\$28270573
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$286100783	\$158193588	\$127907195
Total	\$724052632	\$476641999	\$247410633

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$444553	\$0	\$444553

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges \$28222242

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$887124	
HCI Payments	\$0		
Subtotal	\$0	\$887124	\$-887124
Medicaid Shortfalls	\$88269811	\$59999238	
Subtotal	\$88269811	\$60886362	\$27383449
DSH Payments	\$0		
Subtotal	\$88269811	\$60886362	\$27383449
Medicare Shortfalls	\$349682038	\$258449173	
Other Government Programs	\$0	\$0	
Total	\$437951849	\$319335535	\$118616314

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$7908008	\$2638690	\$5269318
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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