



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: ST. JOSEPH REGIONAL MEDICAL CENTER (PLYMOUTH CAMPUS)

City of Hospital: PLYMOUTH

Year Begin: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Tom Jozwiak

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Medicare Provider Number: 15-0076

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

Inpatient Patient Service Revenue	\$34882746
Outpatient Patient Service Revenue	\$99880245
Total Gross Patient Service Revenue	\$134762991

## 2. Deductions From Revenue

Contractual Allowance	\$79534994
Other Deductions	\$6287403
Total Deductions	\$85822397

## 3. Total Operating Revenue

Net Patient Service Revenue	\$48940594
Other Operating Revenue	\$1318269
Total Operating Revenue	\$50258863

## 4. Operating Expenses

Salaries and Wages	\$14383593	Employee Benefits	\$3974594
Depreciation and Amortization	\$2580517	Interest Expense	\$243716
Bad Debt	\$4513932	Other Expenses	\$21855878
Total Operating Expenses	\$47552230		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2706633	Total Assets	\$72609299
Net Non-operating Gains over Loss	\$4023945	Total Liabilities	\$10553910
Total Net Gains	\$6730578		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$60358321	\$46173716	\$14184605
Medicaid	\$16178999	\$11486553	\$4692446
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$58225328	\$20204243	\$38021085
Total	\$134762648	\$77864512	\$56898136

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$63399	\$-63399

## 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	\$24329	\$-24329
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$168976	\$-168976

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Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	84154
Number of Citizens Exposed to Health Education Messages	101660

Statement Six: Charity Statement
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Hospital Charity Charges	\$6287403
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1802060	
HCI Payments	\$0		
Subtotal	\$0	\$1802060	\$-1802060
Medicaid Shortfalls	\$4658000	\$7350028	
Subtotal	\$4658000	\$9152088	\$-4494088
DSH Payments	\$0		
Subtotal	\$4658000	\$9152088	\$-4494088
Medicare Shortfalls	\$14053000	\$17299078	
Other Government Programs	\$0	\$0	
Total	\$18711000	\$26451166	\$-7740166

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	\$48693	\$399373	\$-350680
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



