



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: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Tony Roberts

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Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$106042336
Outpatient Patient Service Revenue	\$289169668
<b>Total Gross Patient Service Revenue</b>	<b>\$395212004</b>

2. Deductions From Revenue

Contractual Allowance	\$209482822
Other Deductions	\$29220017
<b>Total Deductions</b>	<b>\$238702839</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$156509165
Other Operating Revenue	\$3471641
<b>Total Operating Revenue</b>	<b>\$159980806</b>

4. Operating Expenses

Salaries and Wages	\$49321739	Employee Benefits	\$15884984
Depreciation and Amortization	\$10898982	Interest Expense	\$1314701
Bad Debt	\$-2808	Other Expenses	\$74122222
<b>Total Operating Expenses</b>	<b>\$151539820</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$15493692	Total Assets	\$333906652
Net Non-operating Gains over Loss	\$-15299026	Total Liabilities	\$98959260
Total Net Gains	\$194666		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$124425505	\$115039890	\$9385615
Medicaid	\$66638765	\$44467946	\$22170819
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$204147734	\$79195003	\$124952731
Total	\$395212004	\$238702839	\$156509165

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$443011	\$-443011

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$3787	\$-3787

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1219822	\$-1219822
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$262398	\$-262398

Number of Medical Professionals Trained	1486
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	53625

Statement Six: Charity Statement
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Hospital Charity Charges	\$15665616
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6299479	
HCI Payments	\$0		
Subtotal	\$0	\$6299479	\$-6299479
Medicaid Shortfalls	\$17310634	\$28144681	
Subtotal	\$17310634	\$34444160	\$-17133526
DSH Payments	\$6,712,139		
Subtotal	\$24022773	\$34444160	\$-10421387
Medicare Shortfalls	\$33171223	\$43437154	
Other Government Programs	\$0	\$0	
Total	\$57193996	\$77881314	\$-20687318

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	\$0	\$281514	\$-281514
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$269333	\$-269333
Other Allocations	\$0	\$0	\$0

Comments