



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: PULASKI MEMORIAL HOSPITAL

City of Hospital: Winamac

Year Begin: 10/01/2014 (mm/dd/yyyy format)

Year End: 09/30/2015 (mm/dd/yyyy format)

Person Completing the Report: John Kraft

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Medicare Provider Number: 15-1305

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11884894
Outpatient Patient Service Revenue	\$44249822
Total Gross Patient Service Revenue	\$56134716

2. Deductions From Revenue

Contractual Allowance	\$24817614
Other Deductions	\$2381151
Total Deductions	\$27198765

3. Total Operating Revenue

Net Patient Service Revenue	\$39877740
Other Operating Revenue	\$752643
Total Operating Revenue	\$40630383

4. Operating Expenses

Salaries and Wages	\$13692754	Employee Benefits	\$4737201
Depreciation and Amortization	\$1169732	Interest Expense	\$167215
Bad Debt	\$1984650	Other Expenses	\$18787021
Total Operating Expenses	\$40538573		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$91810	Total Assets	\$21052480
Net Non-operating Gains over	\$-148699	Total Liabilities	\$11473057

Loss	
Total Net Gains	\$-56889

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21257163	\$14474002	\$6783161
Medicaid	\$6807490	\$5360898	\$1446592
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28070063	\$4982714	\$23087349
Total	\$56134716	\$24817614	\$31317102

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$11656	\$15757	\$-4101

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	\$6338	\$-6338
Hospital Patients	\$0	\$0	\$0
Community Education	\$3253	\$749	\$2504

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	\$396501
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$396501	
HCI Payments	\$0		
Subtotal	\$0	\$396501	\$-396501
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$589,576		
Subtotal	\$589576	\$0	\$589576
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$589576	\$0	\$589576

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