



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: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Souk Luck

Email Address: sluck@beaconhealthsystem.org

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$403369000
Outpatient Patient Service Revenue	\$410830000
Total Gross Patient Service Revenue	\$814199000

2. Deductions From Revenue

Contractual Allowance	\$512710000
Other Deductions	\$10693000
Total Deductions	\$523403000

3. Total Operating Revenue

Net Patient Service Revenue	\$290796000
Other Operating Revenue	\$12833000
Total Operating Revenue	\$303629000

4. Operating Expenses

Salaries and Wages	\$78875000	Employee Benefits	\$25010000
Depreciation and Amortization	\$16086000	Interest Expense	\$1308000
Bad Debt	\$21983000	Other Expenses	\$132697000
Total Operating Expenses	\$275959000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27670000	Total Assets	\$290050000
Net Non-operating Gains over Loss	\$16000	Total Liabilities	\$142290000

Total Net Gains	\$27686000
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$400792000	\$309617000	\$91175000
Medicaid	\$125576000	\$91373000	\$34203000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$287831000	\$122413000	\$165418000
Total	\$814199000	\$523403000	\$290796000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$215000	\$-215000

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	\$688000	\$-688000
Hospital Patients	\$0	\$2670000	\$-2670000
Community Education	\$0	\$471000	\$-471000

Number of Medical Professionals Trained	505
Number of Hospital Patients Educated	10923
Number of Citizens Exposed to Health Education Messages	18366

Statement Six: Charity Statement

Hospital Charity Charges	\$6145298
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1917000	
HCI Payments	\$0		
Subtotal	\$0	\$1917000	\$-1917000
Medicaid Shortfalls	\$34203000	\$39171000	
Subtotal	\$34203000	\$41088000	\$-6885000
DSH Payments	\$0		
Subtotal	\$34203000	\$41088000	\$-6885000
Medicare Shortfalls	\$91175000	\$125020000	
Other Government Programs	\$0	\$0	
Total	\$125378000	\$166108000	\$-40730000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$133000	\$1070000	\$-937000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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