



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: LOGANSPORT MEMORIAL HOSPITAL

City of Hospital: Logansport

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Sherri Gehlhausen

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Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$34810699
Outpatient Patient Service Revenue	\$205174262
Total Gross Patient Service Revenue	\$239984961

2. Deductions From Revenue

Contractual Allowance	\$132868304
Other Deductions	\$1635465
Total Deductions	\$134503769

3. Total Operating Revenue

Net Patient Service Revenue	\$105481192
Other Operating Revenue	\$1175503
Total Operating Revenue	\$106656695

4. Operating Expenses

Salaries and Wages	\$35094324	Employee Benefits	\$10411316
Depreciation and Amortization	\$5337599	Interest Expense	\$580737
Bad Debt	\$11145096	Other Expenses	\$38851088
Total Operating Expenses	\$101420160		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5236535	Total Assets	\$114337674
Net Non-operating Gains over Loss	\$842168	Total Liabilities	\$42001937

Total Net Gains	\$6078703
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$99217346	\$66817416	\$32399930
Medicaid	\$44703260	\$28205956	\$16497304
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$96064355	\$39480397	\$56583958
Total	\$239984961	\$134503769	\$105481192

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1687867	\$-1687867

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	\$147542	\$-147542
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$21439	\$-21439

Number of Medical Professionals Trained	178
Number of Hospital Patients Educated	126114
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1635465
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$477322	
HCI Payments	\$0		
Subtotal	\$0	\$477322	\$-477322
Medicaid Shortfalls	\$16719183	\$13046951	
Subtotal	\$16719183	\$13524273	\$3194910
DSH Payments	\$1,290,348		
Subtotal	\$18009531	\$13524273	\$4485258
Medicare Shortfalls	\$23875013	\$28957258	
Other Government Programs	\$0	\$0	
Total	\$41884544	\$42481531	\$-596987

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$174934	\$-174934
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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