



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: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Brian Kunz

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Medicare Provider Number: 15-001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$72222864.94	Contractual Allowance	\$252357902.74
Outpatient Patient Service Revenue	\$308006992.18	Other Deductions	\$1026004.11
Total Gross Patient Service Revenue	\$380229857.12	Total Deductions	\$253383906.85

3. Total Operating Revenue	
Net Patient Service Revenue	\$126845950.27
Other Operating Revenue	\$1751438.99
Total Operating Revenue	\$128597389.26

4. Operating Expenses

Salaries and Wages	\$48710650.77	Employee Benefits	\$10581413.84
Depreciation and Amortization	\$7060770.32	Interest Expense	\$536501.58
Bad Debt	\$12661704.36	Other Expenses	\$48944032.72
Total Operating Expenses	\$128495073.59		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$102315.67	Total Assets	\$349195603.81
Net Non-operating Gains over Loss	\$634578.29	Total Liabilities	\$24022049.03
Total Net Gains	\$736893.96		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$166396723.03	\$116865007.36	\$49531715.67
Medicaid	\$84698602	\$61887890.63	\$22810711.37
Other Government	\$23485050.99	\$14247891.31	\$9237159.68
Other State	\$0	\$0	\$0
Other Payers	\$105649481.10	\$60383117.55	\$45266363.55
Total	\$380229857.12	\$253383906.85	\$126845950.27

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$872.51	\$0	\$872.51

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	\$116604.71	\$-116604.71
Hospital Patients	\$113931.50	\$85030.06	\$28901.44
Community Education	\$0	\$395968.13	\$-395968.13

Number of Medical Professionals Trained	927
Number of Hospital Patients Educated	1851
Number of Citizens Exposed to Health Education Messages	37285

Statement Six: Charity Statement

Hospital Charity Charges	\$1026004.11
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$615602.47	
HCI Payments	\$0		
Subtotal	\$0	\$615602.47	\$-615602.47
Medicaid Shortfalls	\$14354204.20	\$50819161.20	
Subtotal	\$14354204.2	\$51434763.67	\$-37080559.47
DSH Payments	\$3,771,756		

Subtotal	\$18125960.2	\$51434763.67	\$-33308803.47
Medicare Shortfalls	\$28646142.32	\$99838033.82	
Other Government Programs	\$1739100.19	\$14191296.98	
Total	\$48511202.71	\$165464094.47	\$-116952891.76

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	N/A	N/A	\$0
Community Assessment	N/A	N/A	\$0
Provision of Taxes	N/A	N/A	\$0
Other Allocations	N/A	N/A	\$0

Comments