



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: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Person Completing the Report: Tony Roberts

Email Address: tony.roberts@mgh.net

Medicare Provider Number: 150011

Statement One: Summary of Revenue and Expenses
--

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$100182536
Outpatient Patient Service Revenue	\$260130615
Total Gross Patient Service Revenue	\$360313151

2. Deductions From Revenue

Contractual Allowance	\$183660858
Other Deductions	\$21874935
Total Deductions	\$205535793

3. Total Operating Revenue

Net Patient Service Revenue	\$154777358
Other Operating Revenue	\$3025399
Total Operating Revenue	\$157802757

4. Operating Expenses

Salaries and Wages	\$43854835	Employee Benefits	\$11092057
Depreciation and Amortization	\$8550474	Interest Expense	\$1677792
Bad Debt	\$14962920	Other Expenses	\$65925888
Total Operating Expenses	\$146063966		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17891899	Total Assets	\$283707293
Net Non-operating Gains over Loss	\$-16163076	Total Liabilities	\$95683469
Total Net Gains	\$1728823		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$118500463	\$114983336	\$3517127
Medicaid	\$51648709	\$32977346	\$18671363
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$190163979	\$57575111	\$132588868
Total	\$360313151	\$205535793	\$154777358

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$22015	\$197684	\$-175669

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$2409	\$-2409

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$7655	\$-7655
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$505715	\$-505715

--	--

Number of Medical Professionals Trained	1551
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	147363

Statement Six: Charity Statement

Hospital Charity Charges	\$21974935
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9813641	
HCI Payments	\$0		
Subtotal	\$0	\$9813641	\$-9813641
Medicaid Shortfalls	\$13012839	\$23169611	
Subtotal	\$13012839	\$32983252	\$-19970413
DSH Payments	\$1,710,076		
Subtotal	\$14722915	\$32983252	\$-18260337
Medicare Shortfalls	\$29853869	\$36565924	
Other Government Programs	\$0	\$0	
Total	\$44576784	\$69549176	\$-24972392

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$296420	\$-296420
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$255510	\$-255510
Other Allocations	\$0	\$0	\$0

Comments



