



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: MAJOR HOSPITAL

City of Hospital: Shelbyville

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

Year End: 12/31/2202 (mm/dd/yyyy format)

Person Completing the Report: Rob Kinder

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Medicare Provider Number: 150097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$92187780
Outpatient Patient Service Revenue	\$436027866
Total Gross Patient Service Revenue	\$528215646

2. Deductions From Revenue

Contractual Allowance	\$362658711
Other Deductions	\$1019452
Total Deductions	\$363678163

3. Total Operating Revenue

Net Patient Service Revenue	\$164537483
Other Operating Revenue	\$42639717
Total Operating Revenue	\$207177200

4. Operating Expenses

Salaries and Wages	\$66632656	Employee Benefits	\$15799306
Depreciation and Amortization	\$11894524	Interest Expense	\$5221639
Bad Debt	\$6216078	Other Expenses	\$71870647
Total Operating Expenses	\$177634850		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$29542350	Total Assets	\$560502835
Net Non-operating Gains over Loss	\$-34577633	Total Liabilities	\$204245818
Total Net Gains	\$-5035283		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$245315343	\$192592773	\$52722570
Medicaid	\$113250001	\$85734325	\$27515676
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$169650322	\$85351070	\$84299252
Total	\$528215666	\$363678168	\$164537498

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$400000	\$400000	\$0

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$129129	\$318654	\$-189525

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	5000
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,541,578		

Subtotal	\$2541578	\$0	\$2541578
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2541578	\$0	\$2541578

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	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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