



Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)
 Indiana State Department of Health
 Indiana Code 16-21-9

I. Identification of Nonprofit Hospital

Hospital Name: MEMORIAL HOSPITAL & HEALTH CARE CENTER (JASPER)

City of Hospital: Jasper, Indiana

Name of Charity Benefit Rep: E. Kyle Bennett, Executive VP & CFO

Telephone Number: (812) 482-2345 x0507

Year of Statement: 2009

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"? Yes No

II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	12/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	12/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement	12/31/2003	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	12/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment	12/31/2001	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy	12/31/2004	<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice	12/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No

III. Identification of New Objectives (optional)



IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2007	2008	2009
Person Served in twelve-month period	2,369	2,602	4,275
Charity Care Allocation	\$1,643,716	\$1,253,048	\$1,832,623

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Peds., Post-Surg., OB/GYN, BHS, CCS, SCC, IRC	\$3,356,344
2.) Onc., Pallia., OBS, Ambu., PT, Aud., IMED, HH, Couns	\$2,959,619
3.) SCFM, Peds, Neuro, HFM, Wom., FLM, Hosp., MD Rec	\$1,607,652
4.) Other Community Benefit	\$743,361
5.) Unreimbursed Medicare & Medicaid Cost	\$30,641,987

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes No

If applicable, address of hospital web site that contains information on community benefits.

VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

