



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: ST. ANTHONY MEMORIAL

City of Hospital: Michigan City, IN

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0015

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$163949222
Outpatient Patient Service Revenue	\$209205274
Total Gross Patient Service Revenue	\$373154496

#### 2. Deductions From Revenue

Contractual Allowance	\$200135340
Other Deductions	\$21074689
Total Deductions	\$221210029

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$151944467
Other Operating Revenue	\$10413879
Total Operating Revenue	\$162358346

#### 4. Operating Expenses

Salaries and Wages	\$59333738	Employee Benefits	\$18359709
Depreciation and Amortization	\$8384505	Interest Expense	\$4601678
Bad Debt	\$5940613	Other Expenses	\$67162181
Total Operating Expenses	\$163782424		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1340350	Total Assets	\$131170010
Net Non-operating Gains over Loss	\$-6908426	Total Liabilities	\$131170010
Total Net Gains	\$-8248776		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$136709650	\$110867000	\$25842650
Medicaid	\$88200497	\$43612233	\$44588264
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$148244349	\$66730796	\$81513553
Total	\$373154496	\$221210029	\$151944467

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$262118	\$-262118

### 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	\$464598	\$-464598
Hospital Patients	\$0	\$0	\$0
Community Education	\$2265	\$553378	\$-551113

Number of Medical Professionals Trained	304
Number of Hospital Patients Educated	1134
Number of Citizens Exposed to Health Education Messages	10427

### Statement Six: Charity Statement

Hospital Charity Charges	\$18818656
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7792836	
HCI Payments	\$0		
Subtotal	\$0	\$7792836	\$-7792836
Medicaid Shortfalls	\$0	\$12017860	
Subtotal	\$0	\$19810696	\$-19810696
DSH Payments	\$9,000,000		
Subtotal	\$9000000	\$19810696	\$-10810696
Medicare Shortfalls	\$0	\$23166109	
Other Government Programs	\$0	\$0	
Total	\$9000000	\$42976805	\$-33976805

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$88015	\$-88015
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0