



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S MEDICAL CENTER (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$497118869
Outpatient Patient Service Revenue	\$469863136
Total Gross Patient Service Revenue	\$966982005

2. Deductions From Revenue

Contractual Allowance	\$549549472
Other Deductions	\$44092987
Total Deductions	\$593642459

3. Total Operating Revenue

Net Patient Service Revenue	\$373339546
Other Operating Revenue	\$10832795
Total Operating Revenue	\$384172341

4. Operating Expenses

Salaries and Wages	\$113604295	Employee Benefits	\$35707579
Depreciation and Amortization	\$16507898	Interest Expense	\$4301881
Bad Debt	\$18293826	Other Expenses	\$170809533
Total Operating Expenses	\$359225012		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$24947329	Total Assets	\$466871034
Net Non-operating Gains over Loss	\$31675618	Total Liabilities	\$215006921
Total Net Gains	\$56622947		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$407502018	\$287388029	\$120113989
Medicaid	\$29872544	\$27720706	\$2151838
Other Government	\$0	\$0	\$0
Other State	\$88213569	\$73337058	\$14876511
Other Payers	\$441393873	\$161103679	\$280290194
Total	\$966982004	\$549549472	\$417432532

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$629249	\$0	\$629249

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	\$212438	-\$212438
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$44092987
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$118164	\$12920382	
HCI Payments	\$0		
Subtotal	\$118164	\$12920382	\$-12802218
Medicaid Shortfalls	\$6413616	\$11198373	
Subtotal	\$6531780	\$24118755	\$-17586975
DSH Payments	\$5,794,342		
Subtotal	\$12326122	\$24118755	\$-11792633
Medicare Shortfalls	\$100568609	\$98782678	
Other Government Programs	\$0	\$0	
Total	\$112894731	\$122901433	\$-10006702

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2430524	\$-2430524
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0