



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 (HOBART)

City of Hospital: Hobart

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

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

Medicare Provider Number: 150034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$266865419
Outpatient Patient Service Revenue	\$288762406
Total Gross Patient Service Revenue	\$555627825

2. Deductions From Revenue

Contractual Allowance	\$316619256
Other Deductions	\$15135724
Total Deductions	\$331754980

3. Total Operating Revenue

Net Patient Service Revenue	\$212440788
Other Operating Revenue	\$2262662
Total Operating Revenue	\$214703450

4. Operating Expenses

Salaries and Wages	\$66470428	Employee Benefits	\$16687191
Depreciation and Amortization	\$9077446	Interest Expense	\$2653542
Bad Debt	\$11432057	Other Expenses	\$104718836
Total Operating Expenses	\$211039500		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15096007	Total Assets	\$144249852
Net Non-operating Gains over Loss	\$179508	Total Liabilities	\$32291859
Total Net Gains	\$15275515		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$259951503	\$182816078	\$77135425
Medicaid	\$54204107	\$33832982	\$20371125
Other Government	\$18169265	\$13079237	\$5090028
Other State	\$0	\$0	\$0
Other Payers	\$223302949	\$86890958	\$136411991
Total	\$555627824	\$316619255	\$239008569

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1119838	\$-1119838

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	\$518065	\$-518065
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$670916	\$-670916

Number of Medical Professionals Trained	558
Number of Hospital Patients Educated	57097
Number of Citizens Exposed to Health Education Messages	167722

Statement Six: Charity Statement

Hospital Charity Charges	\$15135724
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3790787	
HCI Payments	\$0		
Subtotal	\$0	\$3790787	\$-3790787
Medicaid Shortfalls	\$18380813	\$28256095	
Subtotal	\$18380813	\$32046882	\$-13666069
DSH Payments	\$2,470,729		
Subtotal	\$20851542	\$32046882	\$-11195340
Medicare Shortfalls	\$78772109	\$83668972	
Other Government Programs	\$0	\$0	
Total	\$99623651	\$115715854	\$-16092203

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$121833	\$267953	\$-146120
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0