Hospital Fiscal Report

State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: METHODIST HOSPITALS INC.
City of Hospital: Gary
Year Begin: 01/01/2007 *(mm/dd/yyyy format)*
Year End: 12/31/2007 *(mm/dd/yyyy format)*
Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$369043034
Outpatient Patient Service Revenue	$254281279
Total Gross Patient Service Revenue	$623324313

2. Deductions From Revenue

Contractual Allowance	$383195823
Other Deductions	$-72782551
Total Deductions	$310413272

3. Total Operating Revenue

Net Patient Service Revenue	$312911041
Other Operating Revenue	$18577746
Total Operating Revenue	$331488787

4. Operating Expenses

Salaries and Wages	$116615898	Employee Benefits	$48092415
Depreciation and Amortization	$20475287	Interest Expense	$6984944
Bad Debt	$23051248	Other Expenses	$108174158
Total Operating Expenses	$323393950		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$8094837	Total Assets	$393506559
Net Non-operating Gains over Loss	$1740776	Total Liabilities	$175152456
Total Net Gains	$9835613		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service

			Allowance
Medicare	$295252917	$181510131	$113742786
Medicaid	$124735932	$76682851	$48053081
Other Government	$1520241	$934586	$585655
Other State	$178845030	$109947042	$68897988
Other Payers	$22970193	$14121191	$8849002
Total	$623324313	$383195801	$240128512

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$12048	$44559	$-32511

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	$433443	$1063453	$-630010
Hospital Patients	$500	$25470	$-24970
Community Education	$902	$366887	$-365985

Number of Medical Professionals Trained	1053
Number of Hospital Patients Educated	2595
Number of Citizens Exposed to Health Education Messages	86212

Statement Six: Charity Statement

Hospital Charity Charges	$15770604

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$66072	$7547939	
HCI Payments	$5451273		
Subtotal	$5517345	$7547939	$-2030594
Medicaid Shortfalls	$25574108	$54213908	
Subtotal	$31091453	$61761847	$-30670394
DSH Payments	$35,832,038		
Subtotal	$66923491	$61761847	$5161644
Medicare Shortfalls	$107696535	$133655936	
Other Government Programs	$276829	$603245	
Total	$174896855	$196021028	$-21124173

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$1402	$392357	$-390955
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$796084	$-796084
Other Allocations	$0	$0	$0