



## 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:* BLOOMINGTON HOSPITAL

*City of Hospital:* Bloomington

*Name of Charity Benefit Rep:* Ms. Carol Weiss-Kennedy

*Telephone Number:* (812) 353-9371 x0000

*Year of Statement:* 2008

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                                   |                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Original long-range hospital objectives for charity care |                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Hospital Mission Statement                               |                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| List of Communities Served                               |                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Needs Assessment   |                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Copy of Charity Care Policy                              |                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Statement of Public Notice                               |                      | <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                | 2006    | 2007    | 2008    |
|--------------------------------------|---------|---------|---------|
| Person Served in twelve-month period | 2213    | 3180    | 3203    |
| Charity Care Allocation              | 4432963 | 8575341 | 8434365 |

### V. Annual Community Benefit Programs and Net Cost of Operation

| Name of Program | Net Cost Of Program |
|-----------------|---------------------|
| 1.)             |                     |

|   |              |
|---|--------------|
| All Other Initiatives (Detailed Log Emailed to Matt Doa | \$14,493,388 |
| 2.)   | \$0          |
| 3.)   | \$0          |
| 4.)   | \$0          |
| 5.)   | \$0          |

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. [www.bloomingtonhosp](http://www.bloomingtonhosp)

### VI. Identification of Additional Non-Hospital Charity Costs

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

Comments

