



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: DOCTOR'S HOSPITAL

City of Hospital: Mishawaka

Year Begin: 01/01/2008 (mm/dd/yyyy format)

Year End: 12/31/2008 (mm/dd/yyyy format)

Medicare Provider Number: 153040

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11342635
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$11342635</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$4610630
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$4610630</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$6732005
Other Operating Revenue	\$861696
<b>Total Operating Revenue</b>	<b>\$7593701</b>

#### 4. Operating Expenses

Salaries and Wages	\$1828588	Employee Benefits	\$169123
Depreciation and Amortization	\$306764	Interest Expense	\$218494
Bad Debt	\$776375	Other Expenses	\$3585082
<b>Total Operating Expenses</b>	<b>\$6884426</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1149212	Total Assets	\$3137253
Net Non-operating Gains over Loss	\$-439937	Total Liabilities	\$3137253
<b>Total Net Gains</b>	<b>\$709275</b>		

### Statement Two: Contractual Allowance

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

			Allowance
Medicare	\$8400572	\$3414721	\$4985851
Medicaid	\$193786	\$78771	\$115015
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$2748277	\$1117138	\$1631139
Total	\$11342635	\$4610630	\$6732005

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$31444	\$-31444

### 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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$70306.55	\$-70306.55

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	4513

### Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

<b>Statement Seven: Subsidized Health Services for the Community</b>
----------------------------------------------------------------------

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