



**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**

Name Of Hospital	KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES
City Of Hospital	MADISON
Name Of Charity Benefit Representative	NADJA BOONE
Telephone Number	812-265-0128
Year Of Statement	1/1/2008 - 12/31/2008

Eligibility Statement	Has the CEO identified your hospital as a "Nonprofit Hospital"?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
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**II. Documentation of Previously Filed Information**

NAME OF DOCUMENT *	DATE FILED WITH ISDH	ANY CHANGES (yes/no)
Community Benefit Plan	4/25/1996	YES
Original Long-Range Hospital Objectives for charity care	4/25/1996	YES
Hospital Mission Statement	4/25/1996	YES
List of Communities Served	4/25/1996	NO
Needs Assessment	4/25/1996	YES
Copy of Charity Care Policy	4/25/1996	YES
Statement of Public Notice	4/25/1996	NO

SINCE LAST COMPLETE FILING ON 4/25/1996

\* THE HOSPITAL CAN PROVIDE UPDATED DOCUMENTS UPON REQUEST

**III. Identification of New Objectives (Optional)**

ISDH	ANNUAL NONPROFIT HOSPITAL COMMUNITY BENEFIT STATEMENT
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IV. Allocation of Dollars and Persons Served Under Adopted Charity Policy

List Last Three Years	2008	2007	2006
Persons Served in twelve-month period	691	863	834
Charity Care Allocation *	(\$ 1,416,504 )	(\$ 744,878 )	(\$ 635,056 )

\* CHARITY CARE COSTS LESS HCI PAYMENTS

V. Annual Community Benefit Programs and Net Cost of Operation

NAME OF PROGRAM	NET COSTS OF PROGRAM
1. PLEASE REFER TO ATTACHED DETAIL	(\$ 494,295 )
2.	(\$ )
3.	(\$ )
4.	(\$ )
5.	(\$ )

Will hospital file additional paper document to provide more details or descriptions of Projects that were funded to support community services?  Yes  No

ATTACHED

If applicable, name of hospital web site that contains information on community benefits

www: kingsdaughtershospital.org

VI. Identification of Additional Non-Hospital Charity Costs.

ORGANIZATION PROVIDING CHARITY CARE	STREET ADDRESS	NET COSTS OF CHARITY CARE
		(\$ )
NA	NA	(\$ NA )

Comments