



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend

Year Begin: 01012008

Year End: 12312008

Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$515330310
Outpatient Patient Service Revenue	\$278860417
Total Gross Patient Service Revenue	\$794190727

2. Deductions From Revenue

Contractual Allowance	\$405886680
Other Deductions	\$22386325
Total Deductions	\$428273005

3. Total Operating Revenue

Net Patient Service Revenue	\$365917722
Other Operating Revenue	\$10783083
Total Operating Revenue	\$376700805

4. Operating Expenses

Salaries and Wages	\$117690526	Employee Benefits	\$31053877
Depreciation and Amortization	\$21362444	Interest Expense	\$7956449
Bad Debt	\$23425872	Other Expenses	\$136466631
Total Operating Expenses	\$337955799		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38745006	Total Assets	\$530600642
Net Non-operating Gains over Loss	\$-99455779	Total Liabilities	\$530600642
Total Net Gains	\$-60710773		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	\$319945677	\$229435571	\$90510106
Medicaid	\$98271388	\$67618059	\$30653329
Other Government	\$4693845	\$3006401	\$1687444
Other State	\$5165010	\$3550743	\$1614267
Other Payers	\$366114807	\$102275906	\$263838901
Total	\$794190727	\$405886680	\$388304047

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$403631	\$-403631

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$1717700	\$1945176	\$-227476

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$333792	\$6151024	\$-5817232
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	119
Number of Hospital Patients Educated	N/A
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$18275000
--------------------------	------------

	Payments from	Less Costs to	Unreimbursed
--	---------------	---------------	--------------

	Clients	Hospital	Costs to Hospital
Charity Care	\$0	\$8332664	
HCI Payments	\$2691695		
Subtotal	\$2691695	\$8332664	\$-5640969
Medicaid Shortfalls	\$35457709	\$37433316	
Subtotal	\$38149404	\$45765980	\$-7616576
DSH Payments	\$5,661,598		
Subtotal	\$43811002	\$45765980	\$-1954978
Medicare Shortfalls	\$66900588	\$112898721	
Other Government Programs	\$0	\$0	
Total	\$110711590	\$158664701	\$-47953111

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1342876	\$3477414	\$-2134538
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$408418	\$-408418
Other Allocations	\$0	\$0	\$0