



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: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend, Indiana

Name of Charity Benefit Rep: Margo DeMont, Ph.D.

Telephone Number: (746) 471-356_ x____

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	07/11/1996	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	07/11/1996	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement	04/28/2005	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	07/11/1996	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment	04/28/2005	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy	04/28/2005	<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice	07/11/1996	<input type="radio"/> Yes <input checked="" type="radio"/> No

III. Identification of New Objectives (optional)

To develop a collaborative physicians' office practice on the west side of South Bend, in underserved medical census tracts, 1010 Bendix Drive.



IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2006	2007	2008
Person Served in twelve-month period	4134	4174	6114
Charity Care Allocation	\$3,030,908	\$2,850,066	\$4,515,787

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Community Health Improvement Services	\$2,803,200
2.) Resources	\$76,785
3.) Subsidized Health Services	\$432,323
4.) Financial & In-Kind Contributions	\$719,657
5.) Health Professions Education	\$5,151,863

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.

VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
Memorial Medical Group	100 E. Wayne St.	\$392,973
		\$0

Comments

