



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: OUR LADY OF PEACE HOSPITAL

City of Hospital: South Bend

Year Begin: 07/01/2008 (mm/dd/yyyy format)

Year End: 10/31/2008 (mm/dd/yyyy format)

Medicare Provider Number: 15-2018

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10803212
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$10803212</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$6040837
Other Deductions	\$69558
<b>Total Deductions</b>	<b>\$6110395</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$4692817
Other Operating Revenue	\$7121542
<b>Total Operating Revenue</b>	<b>\$11814359</b>

#### 4. Operating Expenses

Salaries and Wages	\$1123831	Employee Benefits	\$343292
Depreciation and Amortization	\$18948	Interest Expense	\$0
Bad Debt	\$113783	Other Expenses	\$2564861
<b>Total Operating Expenses</b>	<b>\$4164715</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7649644	Total Assets	\$10012586
Net Non-operating Gains over Loss	\$-1185440	Total Liabilities	\$634503
<b>Total Net Gains</b>	<b>\$6464204</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$8574300	\$4871266	\$3703034
Medicaid	\$7612	\$5327	\$2285
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$2225456	\$1164575	\$1060881
Total	\$10807368	\$6041168	\$4766200

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3800	\$-3800

### 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	\$0	\$0

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

### Statement Six: Charity Statement

Hospital Charity Charges	\$69559
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$28644	
HCI Payments	\$0		
Subtotal	\$0	\$28644	\$-28644
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$3703034	\$3353637	
Other Government Programs	\$0	\$0	
Total	\$3703034	\$3353637	\$349397

**Statement Seven: Subsidized Health Services for the Community**

	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