



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* ST. ANTHONY MEDICAL CENTER OF CROWN POINT

*City of Hospital:* Crown Point

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

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

*Medicare Provider Number:* 15-0126

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$201832812
Outpatient Patient Service Revenue	\$218604856
<b>Total Gross Patient Service Revenue</b>	<b>\$420437668</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$221167803
Other Deductions	\$13605984
<b>Total Deductions</b>	<b>\$234773787</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$185663881
Other Operating Revenue	\$4503560
<b>Total Operating Revenue</b>	<b>\$190167441</b>

#### 4. Operating Expenses

Salaries and Wages	\$66993455	Employee Benefits	\$18713901
Depreciation and Amortization	\$11601979	Interest Expense	\$2746694
Bad Debt	\$3906726	Other Expenses	\$70770059
<b>Total Operating Expenses</b>	<b>\$174732814</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15434627	Total Assets	\$220371828
Net Non-operating Gains over Loss	\$-620723	Total Liabilities	\$15956730
<b>Total Net Gains</b>	<b>\$14813904</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$174635046	\$114440711	\$60194335
Medicaid	\$22697124	\$17128542	\$5568582
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$223105498	\$103204534	\$119900964
Total	\$420437668	\$234773787	\$185663881

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$295934	\$19458	\$276476

### 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	\$172793	\$-172793
Hospital Patients	\$0	\$0	\$0
Community Education	\$12845	\$57184	\$-44339

Number of Medical Professionals Trained	28342
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	6251

### Statement Six: Charity Statement

Hospital Charity Charges	\$11118553
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4400040	
HCI Payments	\$0		
Subtotal	\$0	\$4400040	\$-4400040
Medicaid Shortfalls	\$0	\$2699897	
Subtotal	\$0	\$7099937	\$-7099937
DSH Payments	\$0		
Subtotal	\$0	\$7099937	\$-7099937
Medicare Shortfalls	\$0	\$9696872	
Other Government Programs	\$0	\$1470982	
Total	\$0	\$18267791	\$-18267791

<b>Statement Seven: Subsidized Health Services for the Community</b>
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$88378	\$-88378
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$480117	\$-480117
Other Allocations	\$0	\$0	\$0