



**ANNUAL NONPROFIT HOSPITAL
 COMMUNITY BENEFIT STATEMENT**
 State Form 50654 (10-1)
 Indiana State Department of Health
Indiana Code 16-21-9

I. Identification of Nonprofit Hospital

| | |
|--|------------------------------|
| Name Of Hospital | St. Elizabeth Medical Center |
| City Of Hospital | Lafayette |
| Name Of Charity Benefit Representative | Theresa Janssen |
| Telephone Number | (765) 449-5129 |
| Year Of Statement | 2008 |
| | |
| | |

| | | |
|-----------------------|---|---|
| Eligibility Statement | Has the CEO identified your hospital as a "Nonprofit Hospital"? | Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> |
|-----------------------|---|---|

II. Allocation of Dollars and Persons Served Under Adopted Charity Policy

| List Last Three Years | 2006 | 2007 | 2008 |
|---------------------------------------|-------------|-------------|-------------|
| Persons Served in twelve-month period | 4,345 | 4,925 | 3,925 |
| Charity Care Allocation | \$5,730,409 | \$6,497,854 | \$5,185,615 |

III. Annual Community Benefit Programs and Net Cost of Operation

| NAME OF PROGRAM | NET COSTS OF PROGRAM |
|--|----------------------|
| 1. Unreimbursed cost under government programs | \$23,223,044 |
| 2. Donations | \$139,290 |
| 3. Community Education | \$926,704 |
| 4. | |
| 5. | (\$) |

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

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

www: stewayoflife.org

| | |
|------|--|
| ISDH | ANNUAL NONPROFIT HOSPITAL COMMUNITY BENEFIT STATEMENT |
|------|--|

IV. Identification of New Long Range Community Benefit Objectives (Optional)

| |
|--|
| |
|--|

V. Identification of Additional Non-Hospital Charity Costs.

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

Comments

| |
|--|
| |
|--|