



HOSPITAL FISCAL REPORT

State Form 49520 (R2/7-02)

Indiana State Department of Health

(Form Approved by State Board of Accounts, 2000)

I. Identification of Organization

Name of Hospital			
City of Hospital		Starke Memorial Hospital	
Year Begin (xx/xx/xxxx)	1/1/2008	Year End (xx/xx/xxxx)	12/31/2008
Person Completing the Report		Robert Baker, Reimbursement Manager 615-372-1626	
E-Mail Address		Rob.baker@lpnt.net	
Medicare Provider Number		15-0102	

Statement One:	Summary of Revenue and Expenses
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1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$15,719,479	Contractual Allowance	\$30,070,109
Outpatient Patient Service Revenue	\$34,317,490	Other Deductions	\$ 0
Total Gross Patient Service Revenue	\$50,036,969	Total Deductions	\$30,070,109

3. Total Operating Revenue

Net Patient Service Revenue	\$19,966,860
Other Operating Revenue	\$ 174,137
Total Operating Revenue	\$20,140,997

4. Operating Expenses

Salaries and Wages	\$ 8,777,458	Employee Benefits	\$ 1,838,906
Depreciation and Amortization	\$ 900,285	Interest Expense	\$ (84,012)
Bad Debt	\$ 3,059,904	Other Expenses	\$ 7,667,102
Total Operating Expenses	\$22,159,643		

5. Net Revenue and Expenses		6. Assets and Liabilities	
Excess Revenue over Expenses	\$(2,018,646)	Total Assets	\$14,430,278
Net Non-operating Gains over Losses	\$ 0	Total Liabilities	\$14,430,278
Total Net Gain	\$(2,018,646)		

Statement Two	Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Revenue
Medicare	\$22,126,211	\$15,270,186	\$ 6,856,025
Medicaid	\$ 9,503,345	\$ 8,084,214	\$ 1,419,131
Other Government	\$	\$	\$
Other State	\$	\$	\$
Other Payers	\$18,407,413	\$ 6,715,709	\$11,691,704
Total	\$50,036,969	\$30,070,109	\$19,966,860

Statement Three	Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$ 0	\$ 0	\$ 0

Statement Four	Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$ 0	\$ 0	\$ 0

Statement Five:	Education Statement
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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	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six:	Charity Statement
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Hospital Charity Charges	\$ 829,213
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	Adjustments		
	Payments From Clients	LESS Costs to Hospital	Unreimbursed Costs to Hospital
Charity Costs by Hospital		\$ 338,258	
Charity Payments by Clients	\$ 0		
HCI Payments	\$ 0		
Subtotal	\$ 0	\$ 338,258	\$ 338,258
Medicaid Shortfalls	\$ 1,112,268	\$ 3,094,543	
Subtotal	\$ 1,112,268	\$ 3,094,543	\$ 1,982,278
DSH Payments	\$ 1,033,613		
Subtotal	\$ 1,033,613	\$ 0	(\$ 1,003,387)
	\$	\$	
Other Government Programs	\$ 0	\$	
Total	\$ 2,145,881	\$ 3,432,801	\$ 1,286,920

Statement Seven:	Subsidized Health Services for the Community
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	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