



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DUPONT HOSPITAL, LLC

City of Hospital: Fort Wayne

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 150150

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$149969458
Outpatient Patient Service Revenue	\$202446688
Total Gross Patient Service Revenue	\$352416146

2. Deductions From Revenue

Contractual Allowance	\$217652115
Other Deductions	\$0
Total Deductions	\$217652115

3. Total Operating Revenue

Net Patient Service Revenue	\$134764031
Other Operating Revenue	\$634867
Total Operating Revenue	\$135398898

4. Operating Expenses

Salaries and Wages	\$28756030	Employee Benefits	\$6656599
Depreciation and Amortization	\$6352768	Interest Expense	\$1044430
Bad Debt	\$6120163	Other Expenses	\$39862931
Total Operating Expenses	\$88792921		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$46605976	Total Assets	\$114539117
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$11123989
Total Net Gains	\$46605976		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$91631976	\$72491687	\$19140289
Medicaid	\$41870783	\$37041003	\$4829780
Other Government	\$6147379	\$3922061	\$2225318
Other State	\$5679607	\$4601313	\$1078294
Other Payers	\$207086401	\$99596051	\$107490350
Total	\$352416146	\$217652115	\$134764031

Statement Three: Donations Statement

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

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

Statement Six: Charity Statement

Hospital Charity Charges	\$1203863
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$213051	
HCI Payments	\$0		
Subtotal	\$0	\$213051	\$-213051
Medicaid Shortfalls	\$2162159	\$6937901	
Subtotal	\$2162159	\$7150952	\$-4988793
DSH Payments	\$0		
Subtotal	\$2162159	\$7150952	\$-4988793
Medicare Shortfalls	\$19107674	\$16216386	
Other Government Programs	\$2225318	\$1087920	
Total	\$23495151	\$24455258	\$-960107

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