



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend

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

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

Medicare Provider Number: 150058

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$586246327	Contractual Allowance	\$527231533
Outpatient Patient Service Revenue	\$339759882	Other Deductions	\$27969210
Total Gross Patient Service Revenue	\$926006209	Total Deductions	\$555200743

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$370805466
Other Operating Revenue	\$12082831
Total Operating Revenue	\$382888297

#### 4. Operating Expenses

Salaries and Wages	\$115010596	Employee Benefits	\$33382487
Depreciation and Amortization	\$24491387	Interest Expense	\$2675987
Bad Debt	\$37433659	Other Expenses	\$147116985
Total Operating Expenses	\$360111101		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22777196	Total Assets	\$638068406
Net Non-operating Gains over Loss	\$-4073360	Total Liabilities	\$638068406
Total Net Gains	\$18703836		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$391599885	\$291827694	\$99772191
Medicaid	\$134347773	\$117002249	\$17345524
Other Government	\$0	\$0	\$0
Other State	\$9538709	\$7094247	\$2444462
Other Payers	\$390519842	\$111307343	\$279212499
Total	\$926006209	\$527231533	\$398774676

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1112430	\$-1112430

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$1441315	\$1479047	\$-37732

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$671927	\$5690484	\$-5018557
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	102
Number of Hospital Patients Educated	not available
Number of Citizens Exposed to Health Education Messages	not available

### Statement Six: Charity Statement

Hospital Charity Charges	\$19321502
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6401942	
HCI Payments	\$0		
Subtotal	\$0	\$6401942	\$-6401942
Medicaid Shortfalls	\$24550339	\$47243933	
Subtotal	\$24550339	\$53645875	\$-29095536
DSH Payments	\$6,435,299		
Subtotal	\$30985638	\$53645875	\$-22660237
Medicare Shortfalls	\$59233422	\$129698239	
Other Government Programs	\$0	\$0	
Total	\$90219060	\$183344114	\$-93125054

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$874748	\$2451490	\$-1576742
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$923545	\$-923545
Other Allocations	\$2717429	\$3306920	\$-589491