



Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: SETON SPECIALTY HOSPITAL - LAFAYETTE

City of Hospital: Lafayette

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-2021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29233527
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$29233527

2. Deductions From Revenue

Contractual Allowance	\$15973642
Other Deductions	\$0
Total Deductions	\$15973642

3. Total Operating Revenue

Net Patient Service Revenue	\$13259886
Other Operating Revenue	\$8066
Total Operating Revenue	\$13267952

4. Operating Expenses

Salaries and Wages	\$5877327	Employee Benefits	\$1439259
Depreciation and Amortization	\$274828	Interest Expense	\$114
Bad Debt	\$-62088	Other Expenses	\$4674839
Total Operating Expenses	\$12204279		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1063673	Total Assets	\$9520139
Net Non-operating Gains over Loss	\$605535	Total Liabilities	\$2862627
Total Net Gains	\$1669208		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$20522003	\$12952282	\$7569721
Medicaid	\$1322401	\$1097593	\$224808
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$7389123	\$1923767	\$5465356
Total	\$29233527	\$15973642	\$13259885

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

Statement Six: Charity Statement

Hospital Charity Charges	\$252501
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$105423	
HCI Payments	\$0		
Subtotal	\$0	\$105423	\$-105423
Medicaid Shortfalls	\$0	\$374186	
Subtotal	\$0	\$479609	\$-479609
DSH Payments	\$0		
Subtotal	\$0	\$479609	\$-479609
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$479609	\$-479609

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$54029	\$-54029
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0