Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: ST. CATHERINE HOSPITAL, INC.
City of Hospital: East Chicago
Year Begin: 07/01/2009 *(mm/dd/yyyy format)*
Year End: 06/30/2010 *(mm/dd/yyyy format)*
Medicare Provider Number: 15-0008

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$143144722
Outpatient Patient Service Revenue	$148341315
Total Gross Patient Service Revenue	$291486037

2. Deductions From Revenue

Contractual Allowance	$154365109
Other Deductions	$15084899
Total Deductions	$169450008

3. Total Operating Revenue

Net Patient Service Revenue	$122036029
Other Operating Revenue	$42349042
Total Operating Revenue	$164385071

4. Operating Expenses

Salaries and Wages	$54244440	Employee Benefits	$12889471
Depreciation and Amortization	$4691629	Interest Expense	$1944227
Bad Debt	$7434764	Other Expenses	$84470854
Total Operating Expenses	$165675385		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$-1290314	Total Assets	$58586447
Net Non-operating Gains over Loss	$53163	Total Liabilities	$25648850
Total Net Gains	$-1237151		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service

			Allowance
Medicare	$124054479	$73669002	$50385477
Medicaid	$92928812	$60646315	$32282497
Other Government	$0	$0	$0
Other State	$74502746	$35134691	$39368055
Other Payers	$0	$0	$0
Total	$291486037	$169450008	$122036029

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$195184	$195184	$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	$1473	$-1473
Hospital Patients	$0	$205801	$-205801
Community Education	$0	$195657	$-195657

Number of Medical Professionals Trained	916
Number of Hospital Patients Educated	n/a
Number of Citizens Exposed to Health Education Messages	12000

Statement Six: Charity Statement

Hospital Charity Charges	$27100097

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$146511	$27100097	
HCI Payments	$0		
Subtotal	$146511	$27100097	$-26953586
Medicaid Shortfalls	$14091761	$13990180	
Subtotal	$14238272	$41090277	$-26852005
DSH Payments	$12,000,000		
Subtotal	$26238272	$41090277	$-14852005
Medicare Shortfalls	$48188219	$2790860	
Other Government Programs	$133646	$0	
Total	$74560137	$43881137	$30679000

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