



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. JOHN'S HEALTH SYSTEM - ANDERSON

City of Hospital: ANDERSON

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

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

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$170102730
Outpatient Patient Service Revenue	\$309339414
Total Gross Patient Service Revenue	\$479442144

2. Deductions From Revenue

Contractual Allowance	\$274782155
Other Deductions	\$24828019
Total Deductions	\$299610174

3. Total Operating Revenue

Net Patient Service Revenue	\$179831970
Other Operating Revenue	\$11733385
Total Operating Revenue	\$191565355

4. Operating Expenses

Salaries and Wages	\$70495253	Employee Benefits	\$20783354
Depreciation and Amortization	\$5852519	Interest Expense	\$500069
Bad Debt	\$10922959	Other Expenses	\$72803537
Total Operating Expenses	\$181357691		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10137664	Total Assets	\$131941508
Net Non-operating Gains over Loss	\$5143804	Total Liabilities	\$48215917
Total Net Gains	\$15281468		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
----------------	-----------------------	-----------------------	---------------------

			Allowance
Medicare	\$235184317	\$165277680	\$69906637
Medicaid	\$54732023	\$42432786	\$12299237
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$189525804	\$91899708	\$97626096
Total	\$479442144	\$299610174	\$179831970

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$513262	\$894557	\$-381295

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$88953	\$338306	\$-249353

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	\$17295	\$-17295
Community Education	\$0	\$94000	\$-94000

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	376
Number of Citizens Exposed to Health Education Messages	8963

Statement Six: Charity Statement

Hospital Charity Charges	\$24828019
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8826001	
HCI Payments	\$0		
Subtotal	\$0	\$8826001	\$-8826001
Medicaid Shortfalls	\$12299238	\$24684529	
Subtotal	\$12299238	\$33510530	\$-21211292
DSH Payments	\$1,880,695		
Subtotal	\$14179933	\$33510530	\$-19330597
Medicare Shortfalls	\$69906636	\$83996580	
Other Government Programs	\$0	\$0	
Total	\$84086569	\$117507110	\$-33420541

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$725251	\$725251
Community Assessment	\$0	\$213417	\$-213417
Provision of Taxes	\$0	\$126009	\$-126009
Other Allocations	\$0	\$0	\$0