



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL (FORT WAYNE)

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: 150047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$179570900	Contractual Allowance	\$198550286
Outpatient Patient Service Revenue	\$123264359	Other Deductions	\$0
Total Gross Patient Service Revenue	\$302835259	Total Deductions	\$198550286

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$104284973
Other Operating Revenue	\$1183852
Total Operating Revenue	\$105468825

4. Operating Expenses

Salaries and Wages	\$32718584	Employee Benefits	\$8240698
Depreciation and Amortization	\$5217889	Interest Expense	\$123077
Bad Debt	\$12760049	Other Expenses	\$41454031
Total Operating Expenses	\$100514328		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4954497	Total Assets	\$63123481
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$63123481
Total Net Gains	\$4954497		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$94379742	\$67893431	\$26486311
Medicaid	\$60361105	\$44104195	\$16256910
Other Government	\$18433160	\$14315243	\$4117917
Other State	\$0	\$0	\$0
Other Payers	\$129661251	\$72237419	\$57423832
Total	\$302835258	\$198550288	\$104284970

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1992	\$94274	\$-92282

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	\$4327	\$2438645	\$-2434318
Hospital Patients	\$0	\$120000	\$-120000
Community Education	\$0	\$50000	\$-50000

Number of Medical Professionals Trained	4500
Number of Hospital Patients Educated	7000
Number of Citizens Exposed to Health Education Messages	20000

Statement Six: Charity Statement

Hospital Charity Charges	\$1074832
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1074832	
HCI Payments	\$0		
Subtotal	\$0	\$1074832	\$-1074832
Medicaid Shortfalls	\$8256912	\$17491177	
Subtotal	\$8256912	\$18566009	\$-10309097
DSH Payments	\$8,000,000		
Subtotal	\$16256912	\$18566009	\$-2309097
Medicare Shortfalls	\$38401972	\$41753908	
Other Government Programs	\$2486748	\$3169016	
Total	\$57145632	\$63488933	\$-6343301

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$32864	\$79578	\$-46714
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2519899	\$-2519899
Other Allocations	\$0	\$0	\$0