



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 REGIONAL MEDICAL CENTER (PLYMOUTH CAMPUS)

City of Hospital: PLYMOUTH

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

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

Medicare Provider Number: 15-0076

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41592710
Outpatient Patient Service Revenue	\$80142983
Total Gross Patient Service Revenue	\$121735693

2. Deductions From Revenue

Contractual Allowance	\$70305964
Other Deductions	\$4087259
Total Deductions	\$74393223

3. Total Operating Revenue

Net Patient Service Revenue	\$47342470
Other Operating Revenue	\$697997
Total Operating Revenue	\$48040467

4. Operating Expenses

Salaries and Wages	\$14113684	Employee Benefits	\$4218884
Depreciation and Amortization	\$2499082	Interest Expense	\$268385
Bad Debt	\$4487349	Other Expenses	\$20736599
Total Operating Expenses	\$46323983		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1716483	Total Assets	\$46331329
Net Non-operating Gains over Loss	\$2139903	Total Liabilities	\$10946777
Total Net Gains	\$3856386		

Statement Two: Contractual Allowance

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

			Allowance
Medicare	\$50929350	\$36231786	\$14697564
Medicaid	\$17292564	\$14728727	\$2563837
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$53513778	\$23432711	\$30081067
Total	\$121735692	\$74393224	\$47342468

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$24167	\$-24167

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	\$15332	\$-15332
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$111930	\$-111930

Number of Medical Professionals Trained	8
Number of Hospital Patients Educated	83290
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$4087259
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1360066	
HCI Payments	\$0		
Subtotal	\$0	\$1360066	\$-1360066
Medicaid Shortfalls	\$2563837	\$5754227	
Subtotal	\$2563837	\$5754227	\$-3190390
DSH Payments	\$0		
Subtotal	\$2563837	\$5754227	\$-3190390
Medicare Shortfalls	\$14697565	\$16947114	
Other Government Programs	\$0	\$0	
Total	\$17261402	\$22701341	\$-5439939

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$60373	\$572182	\$-511809
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0