



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S MEDICAL CENTER (HOBART)

City of Hospital: Hobart

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

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

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$216913756
Outpatient Patient Service Revenue	\$230048150
Total Gross Patient Service Revenue	\$446961906

2. Deductions From Revenue

Contractual Allowance	\$248120777
Other Deductions	\$9549513
Total Deductions	\$257670290

3. Total Operating Revenue

Net Patient Service Revenue	\$189291616
Other Operating Revenue	\$1541735
Total Operating Revenue	\$190833351

4. Operating Expenses

Salaries and Wages	\$57499959	Employee Benefits	\$15212366
Depreciation and Amortization	\$8396128	Interest Expense	\$3894626
Bad Debt	\$9448171	Other Expenses	\$80772762
Total Operating Expenses	\$175224012		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15609339	Total Assets	\$121538610
Net Non-operating Gains over Loss	\$-930804	Total Liabilities	\$21471317
Total Net Gains	\$14678535		

Statement Two: Contractual Allowance

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

Medicare	\$225341051	\$144624491	\$80716560
Medicaid	\$41909939	\$35587191	\$6322748
Other Government	\$8098391	\$4836858	\$3261533
Other State	\$0	\$0	\$0
Other Payers	\$171612525	\$72621750	\$98990775
Total	\$446961906	\$257670290	\$189291616

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$43330	\$-43330

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	\$27	\$696841	\$-696814
Hospital Patients	\$0	\$27726	\$-27726
Community Education	\$314	\$224063	\$-223749

Number of Medical Professionals Trained	1604
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	8658

Statement Six: Charity Statement

Hospital Charity Charges	\$9549513
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1452876	
HCI Payments	\$0		
Subtotal	\$0	\$1452876	\$-1452876
Medicaid Shortfalls	\$7626521	\$16992461	
Subtotal	\$7626521	\$18445337	\$-10818816
DSH Payments	\$1,335,693		
Subtotal	\$8962214	\$18445337	\$-9483123
Medicare Shortfalls	\$41471965	\$56121076	
Other Government Programs	\$0	\$0	
Total	\$50434179	\$74566413	\$-24132234

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2031	\$167016	\$-164985
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0