



**ANNUAL NONPROFIT HOSPITAL  
COMMUNITY BENEFIT STATEMENT**  
 State Form 50654 (10-01)  
 Indiana State Department of Health  
 Indiana Code 16-21-9

**I. Identification of Nonprofit Hospital**

Name Of Hospital	Woodlawn Hospital
City Of Hospital	Rochester
Name Of Charity Benefit Representative	David Cholger
Telephone Number	574-224-1118
Year Of Statement	2010

Eligibility Statement	Has the CEO identified your hospital as a "Nonprofit Hospital"?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
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**II. Documentation of Previously Filed Information**

NAME OF DOCUMENT	DATE FILED WITH ISDH	ANY CHANGES (yes/no)
Community Benefit Plan		No
Original Long-Range Hospital Objectives for charity care		No
Hospital Mission Statement		No
List of Communities Served		No
Needs Assessment		No
Copy of Charity Care Policy		No
Statement of Public Notice		No

**III. Identification of New Objectives (Optional)**

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IV. Allocation of Dollars and Persons Served Under Adopted Charity Policy

List Last Three Years	2008	2009	2010
Persons Served in twelve-month period	480	925	1,214
Charity Care Allocation	(\$ 1,314,360 )	(\$ 1,450,582 )	(\$ 2,513,483 )

V. Annual Community Benefit Programs and Net Cost of Operation

NAME OF PROGRAM	NET COSTS OF PROGRAM
1. <i>Community Relations</i>	(\$ 247,702 )
2.	(\$ )
3.	(\$ )
4.	(\$ )
5.	(\$ )

Will hospital file additional paper document to provide more details or descriptions of Projects that were funded to support community services? \_\_\_ Yes  No

If applicable, name of hospital web site that contains information on community benefits

www: woodlawnhospital.com

VI. Identification of Additional Non-Hospital Charity Costs.

ORGANIZATION PROVIDING CHARITY CARE	STREET ADDRESS	NET COSTS OF CHARITY CARE
		(\$ )
		(\$ )

Comments