



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: LAPORTE HOSPITAL AND HEALTH SERVICES

City of Hospital: La Porte

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 150006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$233575063	Contractual Allowance	\$220419871
Outpatient Patient Service Revenue	\$231453806	Other Deductions	\$78296866
Total Gross Patient Service Revenue	\$465028869	Total Deductions	\$298716737

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$166312132
Other Operating Revenue	\$7449926
Total Operating Revenue	\$173762058

4. Operating Expenses

Salaries and Wages	\$57858928	Employee Benefits	\$20888596
Depreciation and Amortization	\$13424068	Interest Expense	\$1574692
Bad Debt	\$15040652	Other Expenses	\$55938010
Total Operating Expenses	\$164724946		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9037113	Total Assets	\$214172840
Net Non-operating Gains over Loss	\$-1342351	Total Liabilities	\$214172840
Total Net Gains	\$7694762		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$217623636	\$166456399	\$51167237
Medicaid	\$64895339	\$53963473	\$10931866
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$182509894	\$78296866	\$104213028
Total	\$465028869	\$298716738	\$166312131

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$178795	\$1468286	\$-1289491

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	\$103126	\$-103126
Hospital Patients	\$0	\$0	\$0
Community Education	\$215452	\$382933	\$-167481

Number of Medical Professionals Trained	1577
Number of Hospital Patients Educated	21746
Number of Citizens Exposed to Health Education Messages	420000

Statement Six: Charity Statement

Hospital Charity Charges	\$12512310
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$4129983	\$16348470	
Subtotal	\$4129983	\$16348470	\$-12218487
DSH Payments	\$0		
Subtotal	\$4129983	\$16348470	\$-12218487
Medicare Shortfalls	\$35625089	\$63057086	
Other Government Programs	\$0	\$0	
Total	\$39755072	\$79405556	\$-39650484

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$722825	\$1289491	\$-566666
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0