



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend

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

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

Medicare Provider Number: 1500058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$657584196
Outpatient Patient Service Revenue	\$361370608
Total Gross Patient Service Revenue	\$1018954804

2. Deductions From Revenue

Contractual Allowance	\$593966397
Other Deductions	\$23125304
Total Deductions	\$617091701

3. Total Operating Revenue

Net Patient Service Revenue	\$401863103
Other Operating Revenue	\$14102628
Total Operating Revenue	\$415965731

4. Operating Expenses

Salaries and Wages	\$117969054	Employee Benefits	\$31553168
Depreciation and Amortization	\$22963157	Interest Expense	\$4008747
Bad Debt	\$41703970	Other Expenses	\$154816311
Total Operating Expenses	\$373014407		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$42951324	Total Assets	\$676053000
Net Non-operating Gains over Loss	\$11740004	Total Liabilities	\$676053000
Total Net Gains	\$54691328		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$429181717	\$313495840	\$115685877
Medicaid	\$150689128	\$136532162	\$14156966
Other Government	\$0	\$0	\$0
Other State	\$8670502	\$7318165	\$1352337
Other Payers	\$430413457	\$136620230	\$293793227
Total	\$1018954804	\$593966397	\$424988407

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$991031	\$-991031

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$376164	\$388403	\$-12239

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2227927	\$8244008	\$-6016081
Hospital Patients	\$0	\$494048	\$-494048
Community Education	\$250840	\$903926	\$-653086

Number of Medical Professionals Trained	917
Number of Hospital Patients Educated	9403
Number of Citizens Exposed to Health Education Messages	209777

Statement Six: Charity Statement

Hospital Charity Charges	\$17772429
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5242867	
HCI Payments	\$0		
Subtotal	\$0	\$5242867	\$-5242867
Medicaid Shortfalls	\$26245119	\$46890627	
Subtotal	\$26245119	\$52133494	\$-25888375
DSH Payments	\$7,435,373		
Subtotal	\$33680492	\$52133494	\$-18453002
Medicare Shortfalls	\$73161177	\$128767942	
Other Government Programs	\$0	\$0	
Total	\$106841669	\$180901436	\$-74059767

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$5041919	\$8040309	\$-2998390
Community Assessment	\$0	\$34659	\$-34659
Provision of Taxes	\$0	\$612978	\$-612978
Other Allocations	\$1636997	\$4649578	\$-3012581