



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

City of Hospital: MISHAWAKA

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$412518264
Outpatient Patient Service Revenue	\$260475813
Total Gross Patient Service Revenue	\$672994077

2. Deductions From Revenue

Contractual Allowance	\$395041346
Other Deductions	\$22968362
Total Deductions	\$418009708

3. Total Operating Revenue

Net Patient Service Revenue	\$254984369
Other Operating Revenue	\$5570457
Total Operating Revenue	\$260554826

4. Operating Expenses

Salaries and Wages	\$74197810	Employee Benefits	\$21155845
Depreciation and Amortization	\$16350264	Interest Expense	\$13506141
Bad Debt	\$14569408	Other Expenses	\$121023464
Total Operating Expenses	\$260802932		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-248107	Total Assets	\$421053285
Net Non-operating Gains over Loss	\$-173061	Total Liabilities	\$371020162
Total Net Gains	\$-421168		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$11970	\$698244	\$-686274

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	\$2542999	\$4291772	\$-1748773
Hospital Patients	\$0	\$0	\$0
Community Education	\$6179	\$1468712	\$-1462533

Number of Medical Professionals Trained	64
Number of Hospital Patients Educated	171767
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$22968362
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7853296	
HCI Payments	\$0		
Subtotal	\$0	\$7853296	\$-7853296
Medicaid Shortfalls	\$17226852	\$31720160	
Subtotal	\$17226852	\$39573456	\$-22346604
DSH Payments	\$0		
Subtotal	\$17226852	\$39573456	\$-22346604
Medicare Shortfalls	\$98299540	\$109644106	
Other Government Programs	\$58345	\$217292	
Total	\$115584737	\$149434854	\$-33850117

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3539460	\$8485663	\$-4946203
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0