



**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	St. Mary's Warrick Hospital
City Of Hospital	Boonville
Name Of Charity Benefit Representative	Kendra Anderson
Telephone Number	812-897-7134
Year Of Statement	2011

Eligibility Statement	Has the CEO identified your hospital as a "Nonprofit Hospital"?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
-----------------------	---	--

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)

ISDH	ANNUAL NONPROFIT HOSPITAL COMMUNITY BENEFIT STATEMENT
------	--

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

List Last Three Years	2009	2010	2011
Persons Served in twelve-month period	8763	8186	4047
Charity Care Allocation	(\$ 1,573,349.59)	(\$ 1,508,725.73)	(\$ 2,298,326.80)

V. Annual Community Benefit Programs and Net Cost of Operation

NAME OF PROGRAM	NET COSTS OF PROGRAM
1.	(\$)
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: _____

VI. Identification of Additional Non-Hospital Charity Costs.

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

Comments