



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: LUTHERAN MUSCULOSKELETAL CENTER

City of Hospital: Fort Wayne

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

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

Medicare Provider Number: 15-0168

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$121438590
Outpatient Patient Service Revenue	\$107274614
Total Gross Patient Service Revenue	\$228713204

#### 2. Deductions From Revenue

Contractual Allowance	\$141659211
Other Deductions	\$0
Total Deductions	\$141659211

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$87053993
Other Operating Revenue	-\$29476
Total Operating Revenue	\$87024517

#### 4. Operating Expenses

Salaries and Wages	\$9682657	Employee Benefits	\$2269392
Depreciation and Amortization	\$1350563	Interest Expense	\$36000
Bad Debt	\$2318903	Other Expenses	\$26873729
Total Operating Expenses	\$42531244		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$41019456	Total Assets	\$19773281
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3051374
Total Net Gains	\$41019456		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$52775504	\$42115367	\$10660137
Medicaid	\$5151430	\$4455400	\$696030
Other Government	\$2106163	\$1822202	\$283961
Other State	\$0	\$0	\$0
Other Payers	\$168680107	\$93266242	\$75413865
Total	\$228713204	\$141659211	\$87053993

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$199787	\$-199787

**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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

**Statement Six: Charity Statement**

Hospital Charity Charges	\$430692
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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	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$909721	\$-909721
Other Allocations	\$0	\$0	\$0