



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: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$710319041
Outpatient Patient Service Revenue	\$384510846
Total Gross Patient Service Revenue	\$1094829887

2. Deductions From Revenue

Contractual Allowance	\$560464513
Other Deductions	\$18558114
Total Deductions	\$579022627

3. Total Operating Revenue

Net Patient Service Revenue	\$515807260
Other Operating Revenue	\$20192404
Total Operating Revenue	\$535999664

4. Operating Expenses

Salaries and Wages	\$124829197	Employee Benefits	\$40707715
Depreciation and Amortization	\$23945535	Interest Expense	\$4144698
Bad Debt	\$26651375	Other Expenses	\$180452036
Total Operating Expenses	\$400730556		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$135269108	Total Assets	\$795382000
Net Non-operating Gains over Loss	\$37401020	Total Liabilities	\$795382000
Total Net Gains	\$172670128		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$456142244	\$340698460	\$115443784
Medicaid	\$179387351	\$59187421	\$120199930
Other Government	\$0	\$0	\$0
Other State	\$13175933	\$11245703	\$1930230
Other Payers	\$446124359	\$149332929	\$296791430
Total	\$1094829887	\$560464513	\$534365374

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$755427	\$-755427

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$532506	\$667824	\$-135318

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2312232	\$7650142	\$-5337910
Hospital Patients	\$0	\$8541	\$-8541
Community Education	\$175	\$540709	\$-540534

Number of Medical Professionals Trained	1100
Number of Hospital Patients Educated	9800
Number of Citizens Exposed to Health Education Messages	140526

Statement Six: Charity Statement

Hospital Charity Charges	\$13603775
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3814499	
HCI Payments	\$0		
Subtotal	\$0	\$3814499	\$-3814499
Medicaid Shortfalls	\$74767220	\$53768777	
Subtotal	\$74767220	\$57583276	\$17183944
DSH Payments	\$52,953,338		
Subtotal	\$127720558	\$57583276	\$70137282
Medicare Shortfalls	\$60829298	\$127905689	
Other Government Programs	\$0	\$0	
Total	\$188549856	\$185488965	\$3060891

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1656251	\$3110172	\$-1453921
Community Assessment	\$0	\$46708	\$-46708
Provision of Taxes	\$0	\$733801	\$-733801
Other Allocations	\$0	\$1765830	\$-1765830