



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-2020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$110259348	Contractual Allowance	\$62899760
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$110259348	Total Deductions	\$62899760

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$47359588
Other Operating Revenue	\$177579
Total Operating Revenue	\$47537167

4. Operating Expenses

Salaries and Wages	\$19504519	Employee Benefits	\$4981002
Depreciation and Amortization	\$1256130	Interest Expense	\$16080
Bad Debt	\$657181	Other Expenses	\$11668567
Total Operating Expenses	\$38083479		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9453688	Total Assets	\$76288163
Net Non-operating Gains over Loss	\$-965103	Total Liabilities	\$5778842
Total Net Gains	\$8488585		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$85177508	\$55792211	\$29385297
Medicaid	\$1357711	\$1100326	\$257385
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23724129	\$6007223	\$17716906
Total	\$110259348	\$62899760	\$47359588

Statement Three: Donations Statement

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

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	\$2097011
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$728505	
HCI Payments	\$0		
Subtotal	\$0	\$728505	\$-728505
Medicaid Shortfalls	\$0	\$472748	
Subtotal	\$0	\$1201253	\$-1201253
DSH Payments	\$0		
Subtotal	\$0	\$1201253	\$-1201253
Medicare Shortfalls	\$0	\$1393745	
Other Government Programs	\$0	\$0	
Total	\$0	\$2594998	\$-2594998

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$99113	\$-99113
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0