



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. JOHN'S HEALTH SYSTEM - ANDERSON

City of Hospital: Anderson

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

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

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$193049735
Outpatient Patient Service Revenue	\$379365050
Total Gross Patient Service Revenue	\$572414785

2. Deductions From Revenue

Contractual Allowance	\$337775877
Other Deductions	\$28839450
Total Deductions	\$366615327

3. Total Operating Revenue

Net Patient Service Revenue	\$205799458
Other Operating Revenue	\$14608840
Total Operating Revenue	\$220408298

4. Operating Expenses

Salaries and Wages	\$72799327	Employee Benefits	\$20723670
Depreciation and Amortization	\$4864871	Interest Expense	\$598906
Bad Debt	\$13673605	Other Expenses	\$94834653
Total Operating Expenses	\$207495032		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12913266	Total Assets	\$141051718
Net Non-operating Gains over Loss	\$3524482	Total Liabilities	\$36713308
Total Net Gains	\$16437748		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$298429415	\$214671456	\$83757959
Medicaid	\$74180414	\$48387993	\$25792421
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$199804956	\$103555878	\$96249078
Total	\$572414785	\$366615327	\$205799458

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$693954	\$817201	\$-123247

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$47557	\$297285	\$-249728

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	\$3390	\$-3390
Community Education	\$0	\$104133	\$-104133

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	141
Number of Citizens Exposed to Health Education Messages	4892

Statement Six: Charity Statement

Hospital Charity Charges	\$28839450
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$28839450	
HCI Payments	\$0		
Subtotal	\$0	\$28839450	\$-28839450
Medicaid Shortfalls	\$25792421	\$32723268	
Subtotal	\$25792421	\$32723268	\$-6930847
DSH Payments	\$2,051,735		
Subtotal	\$27844156	\$32723268	\$-4879112
Medicare Shortfalls	\$83757959	\$101626951	
Other Government Programs	\$0	\$0	
Total	\$111602115	\$134350219	\$-22748104

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$632111	\$-632111
Community Assessment	\$0	\$70038	\$-70038
Provision of Taxes	\$0	\$16112	\$-16112
Other Allocations	\$0	\$0	\$0