



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. ANTHONY MEMORIAL

City of Hospital: Michigan City

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Youssef Zaknoun

Email Address: youssef.zaknoun@ssfhs.org

Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$171216751
Outpatient Patient Service Revenue	\$334710182
Total Gross Patient Service Revenue	\$505926933

2. Deductions From Revenue

Contractual Allowance	\$285323483
Other Deductions	\$41945122
Total Deductions	\$327268605

3. Total Operating Revenue

Net Patient Service Revenue	\$178658328
Other Operating Revenue	\$10557927
Total Operating Revenue	\$189216255

4. Operating Expenses

Salaries and Wages	\$69643663	Employee Benefits	\$25419428
Depreciation and Amortization	\$11945710	Interest Expense	\$4628788
Bad Debt	\$9126837	Other Expenses	\$86457023
Total Operating Expenses	\$207221449		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-18233402	Total Assets	\$156737778
Net Non-operating Gains over Loss	\$15880289	Total Liabilities	\$156737778
Total Net Gains	\$-2353113		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$221931112	\$160977565	\$60953547
Medicaid	\$78277017	\$51138137	\$27138880
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$205718805	\$115152903	\$90565902
Total	\$505926934	\$327268605	\$178658329

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$49173	\$-49173

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	\$2164	\$-2164
Hospital Patients	\$0	\$0	\$0
Community Education	\$1155	\$200191	\$-199036

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Number of Medical Professionals Trained	248
Number of Hospital Patients Educated	889
Number of Citizens Exposed to Health Education Messages	7543

Statement Six: Charity Statement

Hospital Charity Charges	\$29710768
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10449095	
HCI Payments	\$0		
Subtotal	\$0	\$10449095	\$-10449095
Medicaid Shortfalls	\$0	\$8986109	
Subtotal	\$0	\$19435204	\$-19435204
DSH Payments	\$0		
Subtotal	\$0	\$19435204	\$-19435204
Medicare Shortfalls	\$0	\$32994804	
Other Government Programs	\$0	\$0	
Total	\$0	\$52430008	\$-52430008

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$13304857	\$21137617	\$-7832760
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



