



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: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Youssef Zaknoun

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Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$175773039
Outpatient Patient Service Revenue	\$362460470
Total Gross Patient Service Revenue	\$538233509

2. Deductions From Revenue

Contractual Allowance	\$297712547
Other Deductions	\$43922508
Total Deductions	\$341635055

3. Total Operating Revenue

Net Patient Service Revenue	\$196598455
Other Operating Revenue	\$11303018
Total Operating Revenue	\$207901473

4. Operating Expenses

Salaries and Wages	\$67273360	Employee Benefits	\$14831728
Depreciation and Amortization	\$11879036	Interest Expense	\$5604267
Bad Debt	\$7876416	Other Expenses	\$92788092
Total Operating Expenses	\$200252899		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7599341	Total Assets	\$151796950
Net Non-operating Gains over Loss	\$-12097463	Total Liabilities	\$151796950
Total Net Gains	\$-4498122		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$252907879	\$178163988	\$74743891
Medicaid	\$81268939	\$42965101	\$38303838
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$204056691	\$120505965	\$83550726
Total	\$538233509	\$341635054	\$196598455

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$182444	\$-182444

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	\$584956	\$-584956
Hospital Patients	\$0	\$0	\$0
Community Education	\$900	\$114281	\$-113381

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Number of Medical Professionals Trained	212
Number of Hospital Patients Educated	1069
Number of Citizens Exposed to Health Education Messages	2966

Statement Six: Charity Statement

Hospital Charity Charges	\$31290248
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10821653	
HCI Payments	\$0		
Subtotal	\$0	\$10821653	\$-10821653
Medicaid Shortfalls	\$0	\$11760416	
Subtotal	\$0	\$22582069	\$-22582069
DSH Payments	\$0		
Subtotal	\$0	\$22582069	\$-22582069
Medicare Shortfalls	\$0	\$27381670	
Other Government Programs	\$0	\$0	
Total	\$0	\$49963739	\$-49963739

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10505921	\$17727809	\$-7221888
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments