



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. JOSEPH REGIONAL MEDICAL CENTER

City of Hospital: MISHAWAKA

Year Begin: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Tom Jozwiak

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Medicare Provider Number: 15-0012

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

Inpatient Patient Service Revenue	\$475834540
Outpatient Patient Service Revenue	\$343942159
Total Gross Patient Service Revenue	\$819776699

2. Deductions From Revenue

Contractual Allowance	\$482491364
Other Deductions	\$28317380
Total Deductions	\$510808744

3. Total Operating Revenue

Net Patient Service Revenue	\$308967955
Other Operating Revenue	\$7335441
Total Operating Revenue	\$316303396

4. Operating Expenses

Salaries and Wages	\$76399972	Employee Benefits	\$21417794
Depreciation and Amortization	\$17132945	Interest Expense	\$12623195
Bad Debt	\$22703409	Other Expenses	\$156651543
Total Operating Expenses	\$306928858		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9374538	Total Assets	\$416819711
Net Non-operating Gains over Loss	\$1001929	Total Liabilities	\$348291689
Total Net Gains	\$10376467		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$390633810	\$286000715	\$104633095
Medicaid	\$105000202	\$72663873	\$32336329
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$324142265	\$116191658	\$207950607
Total	\$819776277	\$474856246	\$344920031

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1526819	\$-1526819

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	\$3253711	\$4700457	\$-1446746
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$701339	\$-701339

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Number of Medical Professionals Trained	276
Number of Hospital Patients Educated	165985
Number of Citizens Exposed to Health Education Messages	899381

Statement Six: Charity Statement

Hospital Charity Charges	\$28317380
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8845807	
HCI Payments	\$0		
Subtotal	\$0	\$8845807	\$-8845807
Medicaid Shortfalls	\$31034970	\$47532106	
Subtotal	\$31034970	\$56377913	\$-25342943
DSH Payments	\$0		
Subtotal	\$31034970	\$56377913	\$-25342943
Medicare Shortfalls	\$100236982	\$121860118	
Other Government Programs	\$0	\$0	
Total	\$131271952	\$178238031	\$-46966079

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4229371	\$8189828	\$-3960457
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



