



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 (PLYMOUTH CAMPUS)

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	
Outpatient Patient Service Revenue	
Total Gross Patient Service Revenue	\$147517071

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
Total Deductions	\$95699180

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$52707206

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$49628500		

5. Net Revenue and Expenses

Excess Revenue over Expenses		Total Assets	
		Total Liabilities	

Net Non-operating Gains over Loss		
Total Net Gains	\$3778799	

**Statement Two: Contractual Allowance**

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$15128000
Medicaid			\$4047000
Other Government			\$0
Other State			\$0
Other Payers			\$32673000
Total	\$147517000	\$95669000	\$51848000

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-38029

**Statement Four: Research Statement**

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

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$-12328
Hospital Patients			\$0
Community Education			\$-143163

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

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$1319950	\$-1319950
Medicaid Shortfalls			
Subtotal	\$4047058	\$11884116	\$-7837058
DSH Payments			
Subtotal	\$4047058	\$11884116	\$-7837058
Medicare Shortfalls			
Other Government Programs			
Total	\$19174582	\$29488682	\$-10314100

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-494972
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$0

Comments