



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: SETON SPECIALTY HOSPITAL - INDIANAPOLIS

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         |                    |
| <b>Total Gross Patient Service Revenue</b> | <b>\$121046984</b> |

2. Deductions From Revenue

|                         |                   |
|-------------------------|-------------------|
| Contractual Allowance   |                   |
| Other Deductions        |                   |
| <b>Total Deductions</b> | <b>\$74174247</b> |

3. Total Operating Revenue

|                                |                   |
|--------------------------------|-------------------|
| Net Patient Service Revenue    |                   |
| Other Operating Revenue        |                   |
| <b>Total Operating Revenue</b> | <b>\$46691563</b> |

4. Operating Expenses

|                                 |                   |                   |  |
|---------------------------------|-------------------|-------------------|--|
| Salaries and Wages              |                   | Employee Benefits |  |
| Depreciation and Amortization   |                   | Interest Expense  |  |
| Bad Debt                        |                   | Other Expenses    |  |
| <b>Total Operating Expenses</b> | <b>\$38172803</b> |                   |  |

5. Net Revenue and Expenses

|                              |  |                   |  |
|------------------------------|--|-------------------|--|
| Excess Revenue over Expenses |  | Total Assets      |  |
|                              |  | Total Liabilities |  |

|                                   |           |  |
|-----------------------------------|-----------|--|
| Net Non-operating Gains over Loss |           |  |
| Total Net Gains                   | \$7794522 |  |

**Statement Two: Contractual Allowance**

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         |                       |                       | \$25322660                    |
| Medicaid         |                       |                       | \$357348                      |
| Other Government |                       |                       | \$0                           |
| Other State      |                       |                       | \$0                           |
| Other Payers     |                       |                       | \$20891388                    |
| <b>Total</b>     | <b>\$121046985</b>    | <b>\$74475589</b>     | <b>\$46571396</b>             |

**Statement Three: Donations Statement**

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

**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 |                            |                             | \$0                     |
| Hospital Patients     |                            |                             | \$0                     |
| Community Education   |                            |                             | \$0                     |

|   |  |
|---|--|
| 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                   | \$96149                | \$-96149                       |
| Medicaid Shortfalls       |                       |                        |                                |
| Subtotal                  | \$0                   | \$1064053              | \$-1064053                     |
| DSH Payments              |                       |                        |                                |
| Subtotal                  | \$0                   | \$1064053              | \$-1064053                     |
| Medicare Shortfalls       |                       |                        |                                |
| Other Government Programs |                       |                        |                                |
| Total                     | \$0                   | \$2343070              | \$-2343070                     |

Statement Seven: Subsidized Health Services for the Community

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   |                            |                             | \$-58763                |
| Community Assessment |                            |                             | \$0                     |
| Provision of Taxes   |                            |                             | \$0                     |
| Other Allocations    |                            |                             | \$0                     |

Comments