Status: Finalized

I. Identification of Organization

Hospital ST. MARY'S MEDICAL CENTER (HOBART)

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 2. Deductions From Revenue

Revenue		Contractual Allowance	
		Other Deductions	
Revenue		Total Deductions	\$439393529
Total Gross Patient Serv Reven	ce ue \$662772483		

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$226823997

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$212287543		

5. Net Revenue and Expenses

Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$14790977		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$93953179
Medicaid			\$22656318
Other Government			\$0
Other State			\$0
Other Payers			\$132131215
Total	\$662772483	\$414031771	\$248740712

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-178177

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			\$-480622
Hospital Patients			\$0
Community Education			\$-322538

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	\$3819764	\$-3819764
Medicaid Shortfalls			
Subtotal	\$22356751	\$38920578	\$-16563827
DSH Payments			
Subtotal	\$22956716	\$38920578	\$-15963862
Medicare Shortfalls			
Other Government Programs			
Total	\$116498609	\$143381152	\$-26882543

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-697716
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$0

Comments