Hospital Fiscal Report

State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF MUNSTER
City of Hospital: Munster
Year Begin: 07/01/2009 *(mm/dd/yyyy format)*
Year End: 06/30/2010 *(mm/dd/yyyy format)*
Medicare Provider Number: 15-0125

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$459460799
Outpatient Patient Service Revenue	$480702510
Total Gross Patient Service Revenue	$940163309

2. Deductions From Revenue

Contractual Allowance	$527818678
Other Deductions	$14347630
Total Deductions	$542166308

3. Total Operating Revenue

Net Patient Service Revenue	$397997000
Other Operating Revenue	$11457535
Total Operating Revenue	$409454535

4. Operating Expenses

Salaries and Wages	$148405960	Employee Benefits	$41701228
Depreciation and Amortization	$20315551	Interest Expense	$729439
Bad Debt	$14362510	Other Expenses	$156484118
Total Operating Expenses	$381998806		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$27455728	Total Assets	$250460388
Net Non-operating Gains over Loss	$1013716	Total Liabilities	$127473242
Total Net Gains	$28469444		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service

			Allowance
Medicare	$469613864	$316772800	$152841064
Medicaid	$96612175	$73255537	$23356638
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$373937270	$137790341	$236146929
Total	$940163309	$527818678	$412344631

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$3000	$174949	$-171949

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	$114771	$1080393	$-965622

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	$0	$118487	$-118487
Hospital Patients	$0	$114397	$-114397
Community Education	$0	$35964	$-35964

Number of Medical Professionals Trained	37
Number of Hospital Patients Educated	2251
Number of Citizens Exposed to Health Education Messages	73

Statement Six: Charity Statement

Hospital Charity Charges	$0

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$2908643	$9198517	
HCI Payments	$0		
Subtotal	$2908643	$9198517	$-6289874
Medicaid Shortfalls	$16100057	$31916192	
Subtotal	$19008700	$41114709	$-22106009
DSH Payments	$0		
Subtotal	$19008700	$41114709	$-22106009
Medicare Shortfalls	$140651926	$162839254	
Other Government Programs	$0	$0	
Total	$159660626	$203953963	$-44293337

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$5410	$687736	$-682326
Community Assessment	$0	$1156	$-1156
Provision of Taxes	$0	$778230	$-778230
Other Allocations	$0	$0	$0