



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$323369226	Contractual Allowance	\$326896908
Outpatient Patient Service Revenue	\$265940955	Other Deductions	\$10955016
Total Gross Patient Service Revenue	\$589310181	Total Deductions	\$337851924

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$251458257
Other Operating Revenue	\$11081490
Total Operating Revenue	\$262539747

4. Operating Expenses

Salaries and Wages	\$82147651	Employee Benefits	\$37263333
Depreciation and Amortization	\$17769246	Interest Expense	\$2147402
Bad Debt	\$16300686	Other Expenses	\$102247613
Total Operating Expenses	\$257875931		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4663816	Total Assets	\$412102223
Net Non-operating Gains over Loss	\$24186395	Total Liabilities	\$142914170
Total Net Gains	\$28850211		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$270446842	\$184056659	\$86390183
Medicaid	\$83049199	\$69049973	\$13999226
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$235814140	\$84745292	\$151068848
Total	\$589310181	\$337851924	\$251458257

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$132143	\$-132143

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	\$0	\$86340	\$-86340
Hospital Patients	\$0	\$1595432	\$-1595432
Community Education	\$0	\$782490	\$-782490

Number of Medical Professionals Trained	101
Number of Hospital Patients Educated	12827
Number of Citizens Exposed to Health Education Messages	294957

Statement Six: Charity Statement

Hospital Charity Charges	\$22063545
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8865865	
HCI Payments	\$0		
Subtotal	\$0	\$8865865	\$-8865865
Medicaid Shortfalls	\$13999226	\$33371927	
Subtotal	\$13999226	\$42237792	\$-28238566
DSH Payments	\$2,185,852		
Subtotal	\$16185078	\$42237792	\$-26052714
Medicare Shortfalls	\$86390183	\$108674525	
Other Government Programs	\$0	\$0	
Total	\$102575261	\$150912317	\$-48337056

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$558349	\$1499665	\$-941316
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0