



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: LAPORTE HOSPITAL AND HEALTH SERVICES

City of Hospital: La Porte

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

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

Medicare Provider Number: 150006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$229921558
Outpatient Patient Service Revenue	\$228559946
Total Gross Patient Service Revenue	\$458481504

2. Deductions From Revenue

Contractual Allowance	\$216162759
Other Deductions	\$70882452
Total Deductions	\$287045211

3. Total Operating Revenue

Net Patient Service Revenue	\$171436292
Other Operating Revenue	\$4791246
Total Operating Revenue	\$176227538

4. Operating Expenses

Salaries and Wages	\$59114718	Employee Benefits	\$16974287
Depreciation and Amortization	\$12746801	Interest Expense	\$1955322
Bad Debt	\$16343417	Other Expenses	\$55363630
Total Operating Expenses	\$162498175		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13729363	Total Assets	\$213865531.5
Net Non-operating Gains over Loss	\$8693071	Total Liabilities	\$213865531.5
Total Net Gains	\$22422434		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$214117321	\$164895792	\$49221529
Medicaid	\$61720347	\$51266967	\$10453380
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$182643835	\$70882453	\$111761382
Total	\$458481503	\$287045212	\$171436291

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$98834	\$1402110	\$-1303276

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	\$123305	\$-123305
Hospital Patients	\$0	\$0	\$0
Community Education	\$179906	\$433253	\$-253347

Number of Medical Professionals Trained	1673
Number of Hospital Patients Educated	21127
Number of Citizens Exposed to Health Education Messages	420000

Statement Six: Charity Statement

Hospital Charity Charges	\$10253485
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$5768381	\$16368366	
Subtotal	\$5768381	\$16368366	\$-10599985
DSH Payments	\$0		
Subtotal	\$5768381	\$16368366	\$-10599985
Medicare Shortfalls	\$34673210	\$62365868	
Other Government Programs	\$0	\$0	
Total	\$40441591	\$78734234	\$-38292643

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$705093	\$1303275	\$-598182
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0