



Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL & HEALTH CENTER (KOKOMO)

City of Hospital: Kokomo

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$125059305
Outpatient Patient Service Revenue	\$176838392
Total Gross Patient Service Revenue	\$301897697

2. Deductions From Revenue

Contractual Allowance	\$175902081
Other Deductions	\$12780869
Total Deductions	\$188682950

3. Total Operating Revenue

Net Patient Service Revenue	\$113214747
Other Operating Revenue	\$-2648068
Total Operating Revenue	\$110566679

4. Operating Expenses

Salaries and Wages	\$39230468	Employee Benefits	\$10969853
Depreciation and Amortization	\$4699842	Interest Expense	\$526034
Bad Debt	\$8295207	Other Expenses	\$37533267
Total Operating Expenses	\$101254671		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9312008	Total Assets	\$147821647
Net Non-operating Gains over Loss	\$10294752	Total Liabilities	\$147821647
Total Net Gains	\$19606760		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
----------------	-----------------------	-----------------------	---------------------

			Allowance
Medicare	\$144098068	\$106257011	\$37841057
Medicaid	\$25278384	\$27587562	\$-2309178
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$132521245	\$54838376	\$77682869
Total	\$301897697	\$188682949	\$113214748

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$120125	\$110743	\$9382

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	\$0	\$0
Hospital Patients	\$0	\$7790	\$-7790
Community Education	\$0	\$6800	\$-6800

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	2538
Number of Citizens Exposed to Health Education Messages	5233

Statement Six: Charity Statement

Hospital Charity Charges	\$7035638
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2304112	
HCI Payments	\$0		
Subtotal	\$0	\$2304112	\$-2304112
Medicaid Shortfalls	\$5419151	\$11081860	
Subtotal	\$5419151	\$13385972	\$-7966821
DSH Payments	\$1,323,224		
Subtotal	\$6742375	\$13385972	\$-6643597
Medicare Shortfalls	\$36840351	\$46478832	
Other Government Programs	\$0	\$0	
Total	\$43582726	\$59864804	\$-16282078

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$22840	\$277698	\$-254858
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$156644	\$-156644