



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: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (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	\$540866890
Outpatient Patient Service Revenue	\$504037560
Total Gross Patient Service Revenue	\$1044904450

2. Deductions From Revenue

Contractual Allowance	\$607770683
Other Deductions	\$15500389
Total Deductions	\$623271072

3. Total Operating Revenue

Net Patient Service Revenue	\$421633378
Other Operating Revenue	\$11138491
Total Operating Revenue	\$432771869

4. Operating Expenses

Salaries and Wages	\$160696133	Employee Benefits	\$47234459
Depreciation and Amortization	\$20299729	Interest Expense	\$725559
Bad Debt	\$15636538	Other Expenses	\$167287190
Total Operating Expenses	\$411879608		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$20892261	Total Assets	\$246359812
Net Non-operating Gains over Loss	\$332465	Total Liabilities	\$123312452
Total Net Gains	\$21224726		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$533196567	\$369292450	\$163904117
Medicaid	\$106365570	\$81691468	\$24674102
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$405342313	\$156786765	\$248555548
Total	\$1044904450	\$607770683	\$437133767

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$3050	\$153495	\$-150445

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$116443	\$1140685	\$-1024242

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$402	\$-402
Hospital Patients	\$0	\$1905	\$-1905
Community Education	\$0	\$172541	\$-172541

Number of Medical Professionals Trained	19
Number of Hospital Patients Educated	293
Number of Citizens Exposed to Health Education Messages	4671

Statement Six: Charity Statement

Hospital Charity Charges	\$15500389
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$3339457	\$10310913	
HCI Payments	\$0		
Subtotal	\$3339457	\$10310913	\$-6971456
Medicaid Shortfalls	\$16615756	\$37187912	
Subtotal	\$19955213	\$47498825	\$-27543612
DSH Payments	\$0		
Subtotal	\$19955213	\$47498825	\$-27543612
Medicare Shortfalls	\$160749781	\$192875122	
Other Government Programs	\$0	\$0	
Total	\$180704994	\$240373947	\$-59668953

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$13676	\$600987	\$-587311
Community Assessment	\$3210	\$7823	\$-4613
Provision of Taxes	\$0	\$1232424	\$-1232424
Other Allocations	\$0	\$0	\$0