



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. ANTHONY MEMORIAL

City of Hospital: Michigan City, IN

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$162589570
Outpatient Patient Service Revenue	\$221720013
Total Gross Patient Service Revenue	\$384309583

2. Deductions From Revenue

Contractual Allowance	\$210876015
Other Deductions	\$21446481
Total Deductions	\$232322496

3. Total Operating Revenue

Net Patient Service Revenue	\$151987087
Other Operating Revenue	\$13202304
Total Operating Revenue	\$165189391

4. Operating Expenses

Salaries and Wages	\$59040219	Employee Benefits	\$20452689
Depreciation and Amortization	\$8560831	Interest Expense	\$4439099
Bad Debt	\$6046199	Other Expenses	\$65867397
Total Operating Expenses	\$164406434		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$933757	Total Assets	\$140300682
Net Non-operating Gains over Loss	\$15733200	Total Liabilities	\$140300682
Total Net Gains	\$16666957		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$168185365	\$117060054	\$51125311
Medicaid	\$60735902	\$50842415	\$9893487
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$155388316	\$64420027	\$90968289
Total	\$384309583	\$232322496	\$151987087

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$253320	\$-253320

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	\$587961	\$-587961
Hospital Patients	\$0	\$0	\$0
Community Education	\$1050	\$717128	\$-716078

Number of Medical Professionals Trained	571
Number of Hospital Patients Educated	1557
Number of Citizens Exposed to Health Education Messages	10695

Statement Six: Charity Statement

Hospital Charity Charges	\$21436524
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7699699	
HCI Payments	\$0		
Subtotal	\$0	\$7699699	\$-7699699
Medicaid Shortfalls	\$0	\$10789847	
Subtotal	\$0	\$18489546	\$-18489546
DSH Payments	\$10,680,642		
Subtotal	\$10680642	\$18489546	\$-7808904
Medicare Shortfalls	\$0	\$22718531	
Other Government Programs	\$0	\$0	
Total	\$10680642	\$41208077	\$-30527435

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$710	\$22998	\$-22288
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0