



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

Status: Draft

I. Identification of Organization

Hospital Name: ST. CATHERINE HOSPITAL, INC.

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

| 1. Gross Patient Service Revenue    |             | 2. Deductions From Revenue |             |
|-------------------------------------|-------------|----------------------------|-------------|
| Inpatient Patient Service Revenue   |             | Contractual Allowance      |             |
| Outpatient Patient Service Revenue  |             | Other Deductions           |             |
|                                     |             | Total Deductions           | \$197829823 |
| Total Gross Patient Service Revenue | \$314213012 |                            |             |

| 3. Total Operating Revenue  |             |
|-----------------------------|-------------|
| Net Patient Service Revenue |             |
| Other Operating Revenue     |             |
| Total Operating Revenue     | \$150797528 |

| 4. Operating Expenses         |             |                   |  |
|-------------------------------|-------------|-------------------|--|
| Salaries and Wages            |             | Employee Benefits |  |
| Depreciation and Amortization |             | Interest Expense  |  |
| Bad Debt                      |             | Other Expenses    |  |
| Total Operating Expenses      | \$158300353 |                   |  |

| 5. Net Revenue and Expenses |  |  |  |
|-----------------------------|--|--|--|
|                             |  |  |  |

|                                   |            |                   |  |
|-----------------------------------|------------|-------------------|--|
| Excess Revenue over Expenses      |            | Total Assets      |  |
| Net Non-operating Gains over Loss |            | Total Liabilities |  |
| Total Net Gains                   | \$-7422306 |                   |  |

**Statement Two: Contractual Allowance**

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         |                       |                       | \$60628003                    |
| Medicaid         |                       |                       | \$27813411                    |
| Other Government |                       |                       | \$0                           |
| Other State      |                       |                       | \$0                           |
| Other Payers     |                       |                       | \$50357500                    |
| Total            | \$314213011           | \$175414097           | \$138798914                   |

**Statement Three: Donations Statement**

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations |                            |                             | \$-31568                |

**Statement Four: Research Statement**

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research |                            |                             | \$0                     |

**Statement Five: Education Statement**

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals |                            |                             | \$-256205               |
| Hospital Patients     |                            |                             | \$0                     |
| Community Education   |                            |                             | \$-397796               |

|   |  |
|---|--|
| Number of Medical Professionals Trained |  |
| Number of Hospital Patients Educated    |  |

|   |  |
|---|--|
| Number of Citizens Exposed to Health Education Messages |  |
|---|--|

**Statement Six: Charity Statement**

**Hospital Charity Charges**

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              |                       |                        |                                |
| HCI Payments              |                       |                        |                                |
| Subtotal                  | \$1101431             | \$2969734              | \$-1868303                     |
| Medicaid Shortfalls       |                       |                        |                                |
| Subtotal                  | \$13321007            | \$32665455             | \$-19344448                    |
| DSH Payments              |                       |                        |                                |
| Subtotal                  | \$25253007            | \$32665455             | \$-7412448                     |
| Medicare Shortfalls       |                       |                        |                                |
| Other Government Programs |                       |                        |                                |
| Total                     | \$72183795            | \$79083048             | \$-6899253                     |

**Statement Seven: Subsidized Health Services for the Community**

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   |                            |                             | \$-218930               |
| Community Assessment |                            |                             | \$0                     |
| Provision of Taxes   |                            |                             | \$0                     |
| Other Allocations    |                            |                             | \$0                     |

Comments