



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 (FORT WAYNE)

City of Hospital: Fort Wayne

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

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

Medicare Provider Number: 150047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$200903850
Outpatient Patient Service Revenue	\$146375799
Total Gross Patient Service Revenue	\$347279649

2. Deductions From Revenue

Contractual Allowance	\$235301320
Other Deductions	\$0
Total Deductions	\$235301320

3. Total Operating Revenue

Net Patient Service Revenue	\$111978329
Other Operating Revenue	\$781054
Total Operating Revenue	\$112759383

4. Operating Expenses

Salaries and Wages	\$33055417	Employee Benefits	\$7973179
Depreciation and Amortization	\$6123270	Interest Expense	\$98977
Bad Debt	\$13954907	Other Expenses	\$40794210
Total Operating Expenses	\$101999960		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10759423	Total Assets	\$72263909
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$72263909
Total Net Gains	\$10759423		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$107494930	\$82287421	\$25207509
Medicaid	\$77616037	\$54510001	\$23106036
Other Government	\$0	\$0	\$0
Other State	\$19543607	\$15120557	\$4423050
Other Payers	\$142625075	\$83383342	\$59241733
Total	\$347279649	\$235301321	\$111978328

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$74036	\$-74036

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	\$2530	\$2132817	\$-2130287
Hospital Patients	\$0	\$200000	\$-200000
Community Education	\$23523	\$100000	\$-76477

Number of Medical Professionals Trained	1500
Number of Hospital Patients Educated	40000
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$3704968
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1074832	
HCI Payments	\$0		
Subtotal	\$0	\$1074832	\$-1074832
Medicaid Shortfalls	\$8256912	\$17491177	
Subtotal	\$8256912	\$18566009	\$-10309097
DSH Payments	\$8,000,000		
Subtotal	\$16256912	\$18566009	\$-2309097
Medicare Shortfalls	\$38401972	\$41753908	
Other Government Programs	\$2486748	\$3169016	
Total	\$57145632	\$63488933	\$-6343301

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$150000	\$-150000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2299428	\$-2299428
Other Allocations	\$0	\$0	\$0