



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

Status: Finalized

## I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL (FORT WAYNE)

City of Hospital: Fort Wayne

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the Report: Michael Rutkowski

Email Address: mrutkowski@lutheran-hosp.com

Medicare Provider Number: 150047

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$227843904
Outpatient Patient Service Revenue	\$164140320
Total Gross Patient Service Revenue	\$391984224

## 2. Deductions From Revenue

Contractual Allowance	\$261879691
Other Deductions	\$0
Total Deductions	\$261879691

## 3. Total Operating Revenue

Net Patient Service Revenue	\$130104533
Other Operating Revenue	\$815976
Total Operating Revenue	\$130920509

## 4. Operating Expenses

Salaries and Wages	\$34913607	Employee Benefits	\$7732217
Depreciation and Amortization	\$6188484	Interest Expense	\$39978
Bad Debt	\$20901864	Other Expenses	\$47908960
Total Operating Expenses	\$117685110		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13275377	Total Assets	\$77346495
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$77346495
Total Net Gains	\$13275377		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$188912134	\$147232206	\$41679928
Medicaid	\$81160684	\$51195454	\$29965230
Other Government	\$17155745	\$12866809	\$4288936
Other State	\$0	\$0	\$0
Other Payers	\$104755661	\$50585222	\$54170439
Total	\$391984224	\$261879691	\$130104533

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$850	\$83957	\$-83107

## 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	\$2390	\$2223894	\$-2221504
Hospital Patients	\$0	\$188420	\$-188420
Community Education	\$29940	\$63443	\$-33503

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Number of Medical Professionals Trained	1000
Number of Hospital Patients Educated	30000
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement
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Hospital Charity Charges	\$1547488
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1547488	
HCI Payments	\$0		
Subtotal	\$0	\$1547488	\$-1547488
Medicaid Shortfalls	\$1583296	\$0	
Subtotal	\$1583296	\$0	\$1583296
DSH Payments	\$4,540,404		
Subtotal	\$6123700	\$0	\$6123700
Medicare Shortfalls	\$0	\$3245973	
Other Government Programs	\$0	\$0	
Total	\$6123700	\$3245973	\$2877727

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$63928	\$-63928
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2464232	\$-2464232
Other Allocations	\$0	\$0	\$0

Comments



