



## 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 REGIONAL MEDICAL CENTER

City of Hospital: MISHAWAKA

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0012

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$425753551	Contractual Allowance	\$408153246
Outpatient Patient Service Revenue	\$287337291	Other Deductions	\$22956943
Total Gross Patient Service Revenue	\$713090842	Total Deductions	\$431110189

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$281980652
Other Operating Revenue	\$7921219
Total Operating Revenue	\$289901871

#### 4. Operating Expenses

Salaries and Wages	\$75503264	Employee Benefits	\$20600474
Depreciation and Amortization	\$16875729	Interest Expense	\$13838937
Bad Debt	\$16459174	Other Expenses	\$137357793
Total Operating Expenses	\$280635371		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9266500	Total Assets	\$416164148
Net Non-operating Gains over Loss	\$-1923473	Total Liabilities	\$362657041
Total Net Gains	\$7343027		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$339083360	\$239686106	\$99397254
Medicaid	\$90525426	\$57128063	\$33397363
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$283482056	\$134296020	\$149186036
Total	\$713090842	\$431110189	\$281980653

### Statement Three: Donations Statement

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

### 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	\$1652476	\$-1652476
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1297300	\$-1297300

Number of Medical Professionals Trained	100
Number of Hospital Patients Educated	164370
Number of Citizens Exposed to Health Education Messages	100000

### Statement Six: Charity Statement

Hospital Charity Charges	\$22956943
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7670274	
HCI Payments	\$0		
Subtotal	\$0	\$7670274	\$-7670274
Medicaid Shortfalls	\$32656974	\$40720374	
Subtotal	\$32656974	\$48390648	\$-15733674
DSH Payments	\$0		
Subtotal	\$32656974	\$48390648	\$-15733674
Medicare Shortfalls	\$97074686	\$105228943	
Other Government Programs	\$87501	\$206709	
Total	\$129819161	\$153826300	\$-24007139

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3074279	\$6593453	\$-3519174
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0