



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: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (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
--

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$250236943
Outpatient Patient Service Revenue	\$182334263
Total Gross Patient Service Revenue	\$432571206

## 2. Deductions From Revenue

Contractual Allowance	\$309491838
Other Deductions	\$0
Total Deductions	\$309491838

## 3. Total Operating Revenue

Net Patient Service Revenue	\$123079368
Other Operating Revenue	\$323732
Total Operating Revenue	\$123403100

## 4. Operating Expenses

Salaries and Wages	\$34482799	Employee Benefits	\$8044906
Depreciation and Amortization	\$6008530	Interest Expense	\$38092
Bad Debt	\$20479392	Other Expenses	\$45813097
Total Operating Expenses	\$114866816		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8536284	Total Assets	\$71659631
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$71659631
Total Net Gains	\$8536284		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$208450563	\$167139033	\$41311530
Medicaid	\$91645830	\$67833601	\$23812229
Other Government	\$5302087	\$3446357	\$1855730
Other State	\$0	\$0	\$0
Other Payers	\$127172726	\$71072847	\$56099879
Total	\$432571206	\$309491838	\$123079368

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$410	\$77869	\$-77459

## 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	\$695	\$2183657	\$-2182962
Hospital Patients	\$0	\$180709	\$-180709
Community Education	\$14939	\$35385	\$-20446

--	--

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
----------------------------------

Hospital Charity Charges	\$2923760
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2923760	
HCI Payments	\$0		
Subtotal	\$0	\$2923760	\$-2923760
Medicaid Shortfalls	\$3815027	\$0	
Subtotal	\$3815027	\$0	\$3815027
DSH Payments	\$0		
Subtotal	\$3815027	\$0	\$3815027
Medicare Shortfalls	\$0	\$4172570	
Other Government Programs	\$0	\$0	
Total	\$3815027	\$4172570	\$-357543

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$53035	\$-53035
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2504297	\$-2504297
Other Allocations	\$0	\$0	\$0

Comments



