



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: METHODIST HOSPITALS INC. (GARY)

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

| | |
|--|--------------------|
| Inpatient Patient Service Revenue | |
| Outpatient Patient Service Revenue | |
| Total Gross Patient Service Revenue | \$969938173 |

2. Deductions From Revenue

| | |
|-------------------------|--------------------|
| Contractual Allowance | |
| Other Deductions | |
| Total Deductions | \$673862361 |

3. Total Operating Revenue

| | |
|--------------------------------|--------------------|
| Net Patient Service Revenue | |
| Other Operating Revenue | |
| Total Operating Revenue | \$336370268 |

4. Operating Expenses

| | | | |
|---------------------------------|--------------------|-------------------|--|
| Salaries and Wages | | Employee Benefits | |
| Depreciation and Amortization | | Interest Expense | |
| Bad Debt | | Other Expenses | |
| Total Operating Expenses | \$334106838 | | |

5. Net Revenue and Expenses

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|-----------------------------------|-----------|-------------------|--|
| Excess Revenue over Expenses | | Total Assets | |
| Net Non-operating Gains over Loss | | Total Liabilities | |
| Total Net Gains | \$6051749 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | | | \$153183070 |
| Medicaid | | | \$49220240 |
| Other Government | | | \$0 |
| Other State | | | \$0 |
| Other Payers | | | \$93672502 |
| Total | \$969938173 | \$673862361 | \$296075812 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | | | \$-67675 |

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 | | | \$25418 |
| Hospital Patients | | | \$0 |
| Community Education | | | \$0 |

| | |
|---|--|
| 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 | \$375304 | \$15170414 | \$-14795110 |
| Medicaid Shortfalls | | | |
| Subtotal | \$121436034 | \$133945568 | \$-12509534 |
| DSH Payments | | | |
| Subtotal | \$139813064 | \$133945568 | \$5867496 |
| Medicare Shortfalls | | | |
| Other Government Programs | | | |
| Total | \$235253020 | \$243783097 | \$-8530077 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | | | \$-574430 |
| Community Assessment | | | \$0 |
| Provision of Taxes | | | \$-718116 |
| Other Allocations | | | \$0 |

Comments