



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: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Michael Rutkowski

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Medicare Provider Number: 150047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$298718894
Outpatient Patient Service Revenue	\$237466776
Total Gross Patient Service Revenue	\$536185670

2. Deductions From Revenue

Contractual Allowance	\$417094340
Other Deductions	\$0
Total Deductions	\$417094340

3. Total Operating Revenue

Net Patient Service Revenue	\$119091331
Other Operating Revenue	\$432814
Total Operating Revenue	\$119524145

4. Operating Expenses

Salaries and Wages	\$32524555	Employee Benefits	\$7267275
Depreciation and Amortization	\$6097805	Interest Expense	\$29377
Bad Debt	\$23669797	Other Expenses	\$46424161
Total Operating Expenses	\$116012970		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$3511175	Total Assets	\$72796387
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$72796387
Total Net Gains	\$3511175		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$152769444	\$128508458	\$24260986
Medicaid	\$153556602	\$132615293	\$20941309
Other Government	\$27653525	\$23368714	\$4284811
Other State	\$0	\$0	\$0
Other Payers	\$202206100	\$135400608	\$66805492
Total	\$536185671	\$419893073	\$116292598

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$67338	\$-67338

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	\$2067	\$2345734	\$-2343667
Hospital Patients	\$0	\$185310	\$-185310
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1000
Number of Hospital Patients Educated	3000
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$777343
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$777343	
HCI Payments	\$0		
Subtotal	\$0	\$777343	\$-777343
Medicaid Shortfalls	\$20941311	\$27052435	
Subtotal	\$20941311	\$27829778	\$-6888467
DSH Payments	\$3,563,724		
Subtotal	\$24505035	\$27829778	\$-3324743
Medicare Shortfalls	\$27059717	\$26913759	
Other Government Programs	\$0	\$0	
Total	\$51564752	\$54743537	\$-3178785

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2721458	\$-2721458
Other Allocations	\$0	\$0	\$0

Comments