



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: SETON SPECIALTY HOSPITAL - LAFAYETTE

City of Hospital: Lafayette

Year Begin: 07/01/2014 (mm/dd/yyyy format)

Year End: 10/22/2014 (mm/dd/yyyy format)

Person Completing the Report: Kylie Neidig

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Medicare Provider Number: 152021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8586836
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$8586836

2. Deductions From Revenue

Contractual Allowance	\$5197020
Other Deductions	\$0
Total Deductions	\$5197020

3. Total Operating Revenue

Net Patient Service Revenue	\$3389816
Other Operating Revenue	\$0
Total Operating Revenue	\$3389816

4. Operating Expenses

Salaries and Wages	\$1461165	Employee Benefits	\$391560
Depreciation and Amortization	\$22131	Interest Expense	\$92
Bad Debt	\$-100865	Other Expenses	\$2439060
Total Operating Expenses	\$4213143		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-823327	Total Assets	\$-132432
Net Non-operating Gains over Loss	\$-110261	Total Liabilities	\$0
Total Net Gains	\$-933588		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$6743589	\$4436905	\$2306684
Medicaid	\$384917	\$329245	\$55672
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1458330	\$430870	\$1027460
Total	\$8586836	\$5197020	\$3389816

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$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	\$131063
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$47025	
HCI Payments	\$0		
Subtotal	\$0	\$47025	\$-47025
Medicaid Shortfalls	\$0	\$109690	
Subtotal	\$0	\$156715	\$-156715
DSH Payments	\$0		
Subtotal	\$0	\$156715	\$-156715
Medicare Shortfalls	\$0	\$-322181	
Other Government Programs	\$0	\$0	
Total	\$0	\$-165466	\$165466

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7856	\$-7856
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments