



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. ANTHONY MEMORIAL

City of Hospital: Michigan City

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Youssef Zaknoun

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Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$216150738
Outpatient Patient Service Revenue	\$462982621
Total Gross Patient Service Revenue	\$679133359

2. Deductions From Revenue

Contractual Allowance	\$451059672
Other Deductions	\$28706464
Total Deductions	\$479766136

3. Total Operating Revenue

Net Patient Service Revenue	\$199367223
Other Operating Revenue	\$13719351
Total Operating Revenue	\$213086574

4. Operating Expenses

Salaries and Wages	\$72058870	Employee Benefits	\$18607124
Depreciation and Amortization	\$11083044	Interest Expense	\$4787674
Bad Debt	\$705453	Other Expenses	\$102848360
Total Operating Expenses	\$210090525		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2996048	Total Assets	\$173108810
Net Non-operating Gains over Loss	\$29612434	Total Liabilities	\$173108810

Total Net Gains	\$32608482
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$292051088	\$243324082	\$48727006
Medicaid	\$164190096	\$114288643	\$49901453
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$222892175	\$122153411	\$100738764
Total	\$679133359	\$479766136	\$199367223

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$107094	\$-107094

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	\$491153	\$-491153
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$212130	\$-212130

Number of Medical Professionals Trained	354
Number of Hospital Patients Educated	501
Number of Citizens Exposed to Health Education Messages	3115

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7029554	
HCI Payments	\$0		
Subtotal	\$0	\$7029554	\$-7029554
Medicaid Shortfalls	\$0	\$16413594	
Subtotal	\$0	\$23443148	\$-23443148
DSH Payments	\$0		
Subtotal	\$0	\$23443148	\$-23443148
Medicare Shortfalls	\$0	\$33497151	
Other Government Programs	\$0	\$0	
Total	\$0	\$56940299	\$-56940299

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10653292	\$15764906	\$-5111614
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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