



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

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

Person Completing the Report: Tim Zumstein

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Medicare Provider Number: 150047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$297657718
Outpatient Patient Service Revenue	\$248713846
Total Gross Patient Service Revenue	\$546371564

2. Deductions From Revenue

Contractual Allowance	\$439591353
Other Deductions	\$0
Total Deductions	\$439591353

3. Total Operating Revenue

Net Patient Service Revenue	\$106780211
Other Operating Revenue	\$125695
Total Operating Revenue	\$106905906

4. Operating Expenses

Salaries and Wages	\$30699976	Employee Benefits	\$7103415
Depreciation and Amortization	\$5814752	Interest Expense	\$57306
Bad Debt	\$17906993	Other Expenses	\$44824469
Total Operating Expenses	\$106406911		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$498995	Total Assets	\$70969363
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$70969363

Total Net Gains	\$498995
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$150976270	\$128922502	\$22053768
Medicaid	\$166569792	\$145310719	\$21259073
Other Government	\$31893161	\$31564072	\$329089
Other State	\$0	\$0	\$0
Other Payers	\$196932341	\$133794061	\$63138280
Total	\$546371564	\$439591354	\$106780210

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$136677	\$-136677

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	\$300	\$2516607	\$-2516307
Hospital Patients	\$0	\$70377	\$-70377
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	\$660428
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$660428	
HCI Payments	\$0		
Subtotal	\$0	\$660428	\$-660428
Medicaid Shortfalls	\$21259073	\$27533394	
Subtotal	\$21259073	\$28193822	\$-6934749
DSH Payments	\$3,563,724		
Subtotal	\$24822797	\$28193822	\$-3371025
Medicare Shortfalls	\$22053768	\$24955840	
Other Government Programs	\$0	\$0	
Total	\$46876565	\$53149662	\$-6273097

Statement Seven: Subsidized Health Services for the Community
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	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	\$2749746	\$-2749746
Other Allocations	\$0	\$0	\$0

Comments

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