



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: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (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	\$234869361
Outpatient Patient Service Revenue	\$568349595
Total Gross Patient Service Revenue	\$803218956

2. Deductions From Revenue

Contractual Allowance	\$550944800
Other Deductions	\$26025949
Total Deductions	\$576970749

3. Total Operating Revenue

Net Patient Service Revenue	\$226248207
Other Operating Revenue	\$3095767
Total Operating Revenue	\$229343974

4. Operating Expenses

Salaries and Wages	\$92570696	Employee Benefits	\$24654392
Depreciation and Amortization	\$31687538	Interest Expense	\$1923032
Bad Debt	\$0	Other Expenses	\$96211335
Total Operating Expenses	\$247046993		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-17703019	Total Assets	\$345313160
Net Non-operating Gains over Loss	\$112658556	Total Liabilities	\$345313160
Total Net Gains	\$94955537		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$379808334	\$311769598	\$68038736
Medicaid	\$162803909	\$131252496	\$31551413
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$260606713	\$133948655	\$126658058
Total	\$803218956	\$576970749	\$226248207

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$32216	\$-32216

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	\$376789	\$-376789
Hospital Patients	\$0	\$0	\$0
Community Education	\$1485	\$361326	\$-359841

Number of Medical Professionals Trained

291

Number of Hospital Patients Educated	563
Number of Citizens Exposed to Health Education Messages	3925

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	\$6293703	
HCI Payments	\$0		
Subtotal	\$0	\$6293703	\$-6293703
Medicaid Shortfalls	\$0	\$6300308	
Subtotal	\$0	\$12594011	\$-12594011
DSH Payments	\$0		
Subtotal	\$0	\$12594011	\$-12594011
Medicare Shortfalls	\$0	\$45046174	
Other Government Programs	\$0	\$0	
Total	\$0	\$57640185	\$-57640185

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$14169616	\$21422219	\$-7252603
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

