



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: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (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	\$279756450
Outpatient Patient Service Revenue	\$618185460
Total Gross Patient Service Revenue	\$897941910

2. Deductions From Revenue

Contractual Allowance	\$590938847
Other Deductions	\$32302858
Total Deductions	\$623241705

3. Total Operating Revenue

Net Patient Service Revenue	\$274700205
Other Operating Revenue	\$3657065
Total Operating Revenue	\$278357270

4. Operating Expenses

Salaries and Wages	\$106968637	Employee Benefits	\$27032506
Depreciation and Amortization	\$20362789	Interest Expense	\$7404869
Bad Debt	\$0	Other Expenses	\$105731307
Total Operating Expenses	\$267500108		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10857162	Total Assets	\$397633899
Net Non-operating Gains over Loss	\$25256997	Total Liabilities	\$397633899

Total Net Gains	\$36114159
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$425654862	\$335635120	\$90019742
Medicaid	\$179675044	\$137137309	\$42537735
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$292612004	\$150469276	\$142142728
Total	\$897941910	\$623241705	\$274700205

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$34224	\$-34224

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$119120	\$-119120
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$303708	\$-303708

Number of Medical Professionals Trained	294
Number of Hospital Patients Educated	708
Number of Citizens Exposed to Health Education Messages	3300

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7669523	
HCI Payments	\$0		
Subtotal	\$0	\$7669523	\$-7669523
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$16,321,868		
Subtotal	\$16321868	\$0	\$16321868
Medicare Shortfalls	\$0	\$41037132	
Other Government Programs	\$0	\$0	
Total	\$16321868	\$41037132	\$-24715264

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	\$17010191	\$26686126	\$-9675935
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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