Hospital Fiscal Report

State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S MEDICAL CENTER (HOBART)
City of Hospital: Hobart
Year Begin: 07/01/2007 *(mm/dd/yyyy format)*
Year End: 06/30/2008 *(mm/dd/yyyy format)*
Medicare Provider Number: 150034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$184362208
Outpatient Patient Service Revenue	$143173088
Total Gross Patient Service Revenue	$327535296

2. Deductions From Revenue

Contractual Allowance	$173767859
Other Deductions	$5875179
Total Deductions	$179643038

3. Total Operating Revenue

Net Patient Service Revenue	$147892258
Other Operating Revenue	$1366692
Total Operating Revenue	$149258950

4. Operating Expenses

Salaries and Wages	$50418099	Employee Benefits	$12790220
Depreciation and Amortization	$9426208	Interest Expense	$4724470
Bad Debt	$6843479	Other Expenses	$63422343
Total Operating Expenses	$147624819		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$1856485	Total Assets	$111118739
Net Non-operating Gains over Loss	$0	Total Liabilities	$1892139
Total Net Gains	$1856485		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service

			Allowance
Medicare	$179589877	$106140071	$73449806
Medicaid	$27422866	$20783534	$6639332
Other Government	$186410	$141279	$45131
Other State	$0	$0	$0
Other Payers	$120336143	$52578154	$67757989
Total	$327535296	$179643038	$147892258

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$0	$33799	$-33799

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	$8484	$-8484
Hospital Patients	$0	$606530	$-606530
Community Education	$7873	$245353.0	$-237480

Number of Medical Professionals Trained	72
Number of Hospital Patients Educated	10879
Number of Citizens Exposed to Health Education Messages	52700

Statement Six: Charity Statement

Hospital Charity Charges	$1998670

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$3553907	
HCI Payments	$25153.00		
Subtotal	$25153	$3553907	$-3528754
Medicaid Shortfalls	$6821289	$13149537	
Subtotal	$6846442	$16703444	$-9857002
DSH Payments	$1,030,803		
Subtotal	$7877245	$16703444	$-8826199
Medicare Shortfalls	$64984122	$79428389	
Other Government Programs	$0	$0	
Total	$72861367	$96131833	$-23270466

Statement Seven: Subsidized Health Services for the Community

	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	$0	$0
Other Allocations	$0	$0	$0