



Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)
 Indiana State Department of Health
 Indiana Code 16-21-9

I. Identification of Nonprofit Hospital

Hospital Name: ST. MARY'S WARRICK HOSPITAL

City of Hospital: Boonville

Name of Charity Benefit Rep: Stephanie Snyder

Telephone Number: (128) 977-134_ x_____

Year of Statement: 2008

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"? Yes No

II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan		<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care		<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement		<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served		<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment		<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy		<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice		<input type="radio"/> Yes <input checked="" type="radio"/> No

III. Identification of New Objectives (optional)



IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2006	2007	2008
Person Served in twelve-month period	12239	5782	7269
Charity Care Allocation	1122577	922817	1300667

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

	\$0
2.)	\$0
3.)	\$0
4.)	\$0
5.)	\$0

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes No

If applicable, address of hospital web site that contains information on community benefits.

VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

