Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: METHODIST HOSPITALS INC. (GARY)
City of Hospital: Gary and Merrillville Indiana
Year Begin: 01/01/2010 *(mm/dd/yyyy format)*
Year End: 12/31/2010 *(mm/dd/yyyy format)*
Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$431261290
Outpatient Patient Service Revenue	$251552984
Total Gross Patient Service Revenue	$682814274

2. Deductions From Revenue

Contractual Allowance	$441533316
Other Deductions	$0
Total Deductions	$441533316

3. Total Operating Revenue

Net Patient Service Revenue	$268280958
Other Operating Revenue	$12136759
Total Operating Revenue	$280417717

4. Operating Expenses

Salaries and Wages	$107434944	Employee Benefits	$23348523
Depreciation and Amortization	$18701782	Interest Expense	$6477778
Bad Debt	$6810701	Other Expenses	$112232058
Total Operating Expenses	$275005786		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$5411931	Total Assets	$336698533
Net Non-operating Gains over Loss	$9454269	Total Liabilities	$157292945
Total Net Gains	$14866200		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	$321000772	$199758247	$121242525
Medicaid	$149437075	$122349136	$27087939
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$247131775	$127106107	$120025668
Total	$717569622	$449213490	$268356132

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$0	$88884	$-88884

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	$513651	$514977	$-1326
Hospital Patients	$0	$0	$0
Community Education	$2500	$0	$2500

Number of Medical Professionals Trained	1265
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	12837

Statement Six: Charity Statement

Hospital Charity Charges	$43834240

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$15600730	
HCI Payments	$0		
Subtotal	$0	$15600730	$-15600730
Medicaid Shortfalls	$27087940	$53185076	
Subtotal	$27087940	$68785806	$-41697866
DSH Payments	$34,000,000		
Subtotal	$61087940	$68785806	$-7697866
Medicare Shortfalls	$121242525	$121242525	
Other Government Programs	$0	$10083455	
Total	$182330465	$200111786	$-17781321

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$2500	$707194	$-704694
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$0	$0
Other Allocations	$0	$0	$0