



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-2020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$97896790
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$97896790

2. Deductions From Revenue

Contractual Allowance	\$50388490
Other Deductions	\$0
Total Deductions	\$50388490

3. Total Operating Revenue

Net Patient Service Revenue	\$47508300
Other Operating Revenue	\$170172
Total Operating Revenue	\$47678472

4. Operating Expenses

Salaries and Wages	\$20620674	Employee Benefits	\$4666853
Depreciation and Amortization	\$1489235	Interest Expense	\$14359
Bad Debt	\$-348454	Other Expenses	\$13490120
Total Operating Expenses	\$39932787		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7745685	Total Assets	\$57204253
Net Non-operating Gains over Loss	\$2860329	Total Liabilities	\$7510560
Total Net Gains	\$10606014		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$65785262	\$39646093	\$26139169
Medicaid	\$4990062	\$4291454	\$698608
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$27121466	\$6450943	\$20670523
Total	\$97896790	\$50388490	\$47508300

Statement Three: Donations Statement

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

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$511549
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$208826	
HCI Payments	\$0		
Subtotal	\$0	\$208826	\$-208826
Medicaid Shortfalls	\$0	\$1487855	
Subtotal	\$0	\$1696681	\$-1696681
DSH Payments	\$0		
Subtotal	\$0	\$1696681	\$-1696681
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$1696681	\$-1696681

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$153152	\$-153152
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0