



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. JOSEPH REGIONAL MEDICAL CENTER

City of Hospital: MISHAWAKA

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

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

Medicare Provider Number: 15-0012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$392765140
Outpatient Patient Service Revenue	\$258041058
Total Gross Patient Service Revenue	\$650806198

2. Deductions From Revenue

Contractual Allowance	\$380191192
Other Deductions	\$21014979
Total Deductions	\$401206171

3. Total Operating Revenue

Net Patient Service Revenue	\$249600027
Other Operating Revenue	\$5193243
Total Operating Revenue	\$254793270

4. Operating Expenses

Salaries and Wages	\$75087693	Employee Benefits	\$22160400
Depreciation and Amortization	\$13727380	Interest Expense	\$2494899
Bad Debt	\$20775087	Other Expenses	\$122522897
Total Operating Expenses	\$256768356		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1975086	Total Assets	\$433516879
Net Non-operating Gains over Loss	\$1142737	Total Liabilities	\$376362589
Total Net Gains	\$-832349		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$304415708	\$210733800	\$93681908
Medicaid	\$94116763	\$75449319	\$18667444
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$252273727	\$115023053	\$137250674
Total	\$650806198	\$401206172	\$249600026

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$392976	\$-392976

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	\$8758395	\$3545061	\$5213334
Hospital Patients	\$0	\$0	\$0
Community Education	\$1616052	\$1574	\$1614478

Number of Medical Professionals Trained	82
Number of Hospital Patients Educated	173597
Number of Citizens Exposed to Health Education Messages	100000

Statement Six: Charity Statement

Hospital Charity Charges	\$21014979
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7142950	
HCI Payments	\$0		
Subtotal	\$0	\$7142950	\$-7142950
Medicaid Shortfalls	\$17886455	\$31990100	
Subtotal	\$17886455	\$39133050	\$-21246595
DSH Payments	\$0		
Subtotal	\$17886455	\$39133050	\$-21246595
Medicare Shortfalls	\$90841925	\$103216174	
Other Government Programs	\$0	\$0	
Total	\$108728380	\$142349224	\$-33620844

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	\$3545061	\$8758395	\$-5213334
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0