



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DUPONT HOSPITAL, LLC

City of Hospital: Fort Wayne

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 150150

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$164223039
Outpatient Patient Service Revenue	\$223925769
Total Gross Patient Service Revenue	\$388148808

2. Deductions From Revenue

Contractual Allowance	\$251977103
Other Deductions	\$0
Total Deductions	\$251977103

3. Total Operating Revenue

Net Patient Service Revenue	\$136171705
Other Operating Revenue	\$772730
Total Operating Revenue	\$136944435

4. Operating Expenses

Salaries and Wages	\$29105018	Employee Benefits	\$6505127
Depreciation and Amortization	\$6292876	Interest Expense	\$839746
Bad Debt	\$8162086	Other Expenses	\$39271166
Total Operating Expenses	\$90176019		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$46768417	Total Assets	\$126616549
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$10799808
Total Net Gains	\$46768417		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$104528570	\$86653515	\$17875055
Medicaid	\$44099723	\$40413747	\$3685976
Other Government	\$4225147	\$2843527	\$1381620
Other State	\$5109716	\$4259940	\$849776
Other Payers	\$230185652	\$117806374	\$112379278
Total	\$388148808	\$251977103	\$136171705

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	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$1540979
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$246433	
HCI Payments	\$0		
Subtotal	\$0	\$246433	\$-246433
Medicaid Shortfalls	\$2649944	\$6886736	
Subtotal	\$2649944	\$7133169	\$-4483225
DSH Payments	\$0		
Subtotal	\$2649944	\$7133169	\$-4483225
Medicare Shortfalls	\$17851202	\$16716185	
Other Government Programs	\$1381620	\$675685	
Total	\$21882766	\$24525039	\$-2642273

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