



## 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: 01/01/2011 (mm/dd/yyyy format)

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

Medicare Provider Number: 150002

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$448356463
Outpatient Patient Service Revenue	\$268115506
Total Gross Patient Service Revenue	\$716471969

#### 2. Deductions From Revenue

Contractual Allowance	\$428399266
Other Deductions	\$0
Total Deductions	\$428399266

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$288072703
Other Operating Revenue	\$10485088
Total Operating Revenue	\$298557791

#### 4. Operating Expenses

Salaries and Wages	\$106862751	Employee Benefits	\$26733218
Depreciation and Amortization	\$17884695	Interest Expense	\$5997518
Bad Debt	\$10872376	Other Expenses	\$116118185
Total Operating Expenses	\$284468743		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14089049	Total Assets	\$346079609
Net Non-operating Gains over Loss	\$4963113	Total Liabilities	\$162856207
Total Net Gains	\$19052162		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$344546223	\$223740902	\$120805321
Medicaid	\$155492642	\$127099415	\$28393227
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$216433104	\$81159116	\$135273988
Total	\$716471969	\$431999433	\$284472536

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$66218	\$-66218

**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	\$584186	\$547075	\$37111
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	\$39642900
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$15138280	
HCI Payments	\$0		
Subtotal	\$0	\$15138280	\$-15138280
Medicaid Shortfalls	\$28393226	\$59377371	
Subtotal	\$28393226	\$74515651	\$-46122425
DSH Payments	\$48,528,161		
Subtotal	\$76921387	\$74515651	\$2405736
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$7272208	\$10335846	
Total	\$84193595	\$84851497	\$-657902

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$200	\$748722	\$-748522
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0