



## 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: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (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	\$103333261
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$103333261

#### 2. Deductions From Revenue

Contractual Allowance	\$57974884
Other Deductions	\$0
Total Deductions	\$57974884

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$45358377
Other Operating Revenue	\$178253
Total Operating Revenue	\$45536630

#### 4. Operating Expenses

Salaries and Wages	\$20983260	Employee Benefits	\$5284253
Depreciation and Amortization	\$1383612	Interest Expense	\$17310
Bad Debt	\$-228507	Other Expenses	\$12232984
Total Operating Expenses	\$39672912		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5863718	Total Assets	\$68478107
Net Non-operating Gains over Loss	\$5948236	Total Liabilities	\$6449367
Total Net Gains	\$11811954		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$76344258	\$48029059	\$28315199
Medicaid	\$4001349	\$3806220	\$195129
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22987654	\$6139605	\$16848049
Total	\$103333261	\$57974884	\$45358377

**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	\$1396888
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$535835	
HCI Payments	\$0		
Subtotal	\$0	\$535835	\$-535835
Medicaid Shortfalls	\$0	\$1106041	
Subtotal	\$0	\$1641876	\$-1641876
DSH Payments	\$0		
Subtotal	\$0	\$1641876	\$-1641876
Medicare Shortfalls	\$0	\$223815	
Other Government Programs	\$0	\$0	
Total	\$0	\$1865691	\$-1865691

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$92181	\$-92181
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0