



## 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 - LAFAYETTE

City of Hospital: Lafayette

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-2021

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

|  |                   |
|--|-------------------|
| Inpatient Patient Service Revenue          | \$32478660        |
| Outpatient Patient Service Revenue         | \$0               |
| <b>Total Gross Patient Service Revenue</b> | <b>\$32478660</b> |

#### 2. Deductions From Revenue

|                         |                   |
|-------------------------|-------------------|
| Contractual Allowance   | \$18494643        |
| Other Deductions        | \$0               |
| <b>Total Deductions</b> | <b>\$18494643</b> |

#### 3. Total Operating Revenue

|                                |                   |
|--------------------------------|-------------------|
| Net Patient Service Revenue    | \$13984017        |
| Other Operating Revenue        | \$27108           |
| <b>Total Operating Revenue</b> | <b>\$14011125</b> |

#### 4. Operating Expenses

|                                 |                   |                   |           |
|---------------------------------|-------------------|-------------------|-----------|
| Salaries and Wages              | \$6423184         | Employee Benefits | \$1643302 |
| Depreciation and Amortization   | \$263202          | Interest Expense  | \$148     |
| Bad Debt                        | \$99599           | Other Expenses    | \$4866808 |
| <b>Total Operating Expenses</b> | <b>\$13296243</b> |                   |           |

#### 5. Net Revenue and Expenses

|                                   |                  |                   |            |
|-----------------------------------|------------------|-------------------|------------|
| Excess Revenue over Expenses      | \$714884         | Total Assets      | \$11161997 |
| Net Non-operating Gains over Loss | \$1076494        | Total Liabilities | \$2113099  |
| <b>Total Net Gains</b>            | <b>\$1791378</b> |                   |            |

### Statement Two: Contractual Allowance

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

|                  |            |            |            |
|------------------|------------|------------|------------|
| Medicare         | \$25164122 | \$15088208 | \$10075914 |
| Medicaid         | \$2320736  | \$2310224  | \$10512    |
| Other Government | \$0        | \$0        | \$0        |
| Other State      | \$0        | \$0        | \$0        |
| Other Payers     | \$4993802  | \$1096211  | \$3897591  |
| Total            | \$32478660 | \$18494643 | \$13984017 |

**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 | \$70782 |
|--------------------------|---------|

|                           | Payments from<br>Clients | Less Costs to<br>Hospital | Unreimbursed<br>Costs to Hospital |
|---------------------------|--------------------------|---------------------------|-----------------------------------|
| Charity Care              | \$0                      | \$28604                   |                                   |
| HCI Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$0                      | \$28604                   | \$-28604                          |
| Medicaid Shortfalls       | \$0                      | \$618837                  |                                   |
| Subtotal                  | \$0                      | \$647441                  | \$-647441                         |
| DSH Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$0                      | \$647441                  | \$-647441                         |
| Medicare Shortfalls       | \$0                      | \$690418                  |                                   |
| Other Government Programs | \$0                      | \$0                       |                                   |
| Total                     | \$0                      | \$1337859                 | \$-1337859                        |

|  |
|--|
| <b>Statement Seven: Subsidized Health Services for the Community</b> |
|--|

|                      | Estimated<br>Incoming<br>Revenue | Estimated<br>Outgoing<br>Expenses | Net Dollar Gain or<br>Loss |
|----------------------|----------------------------------|-----------------------------------|----------------------------|
| Community Programs   | \$0                              | \$49359                           | \$-49359                   |
| Community Assessment | \$0                              | \$0                               | \$0                        |
| Provision of Taxes   | \$0                              | \$0                               | \$0                        |
| Other Allocations    | \$0                              | \$0                               | \$0                        |