



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* ST. JOHN'S HEALTH SYSTEM - ANDERSON

*City of Hospital:* Anderson

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

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

*Medicare Provider Number:* 15-0088

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$190307564
Outpatient Patient Service Revenue	\$354105039
<b>Total Gross Patient Service Revenue</b>	<b>\$544412603</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$327336477
Other Deductions	\$28411792
<b>Total Deductions</b>	<b>\$355748269</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$188664334
Other Operating Revenue	\$13426047
<b>Total Operating Revenue</b>	<b>\$202090381</b>

#### 4. Operating Expenses

Salaries and Wages	\$71114628	Employee Benefits	\$22292774
Depreciation and Amortization	\$5235280	Interest Expense	\$644748
Bad Debt	\$17655409	Other Expenses	\$81243188
<b>Total Operating Expenses</b>	<b>\$198186027</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3904354	Total Assets	\$133795341
Net Non-operating Gains over Loss	\$9083738	Total Liabilities	\$38204866
<b>Total Net Gains</b>	<b>\$12988092</b>		

### Statement Two: Contractual Allowance

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

Medicare	\$275348616	\$197250643	\$78097973
Medicaid	\$67791192	\$53377831	\$14413361
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$201272795	\$105119795	\$96153000
Total	\$544412603	\$355748269	\$188664334

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$647400	\$780289	\$-132889

**Statement Four: Research Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$77806	\$325037	\$-247231

**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	\$4080	\$-4080
Community Education	\$0	\$120000	\$-120000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	348
Number of Citizens Exposed to Health Education Messages	6821

**Statement Six: Charity Statement**

Hospital Charity Charges	\$28411792
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$28411792	
HCI Payments	\$0		
Subtotal	\$0	\$28411792	\$-28411792
Medicaid Shortfalls	\$14413360	\$29548352	
Subtotal	\$14413360	\$57960144	\$-43546784
DSH Payments	\$2,206,562		
Subtotal	\$16619922	\$57960144	\$-41340222
Medicare Shortfalls	\$78097973	\$92912158	
Other Government Programs	\$0	\$0	
Total	\$94717895	\$150872302	\$-56154407

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$411291	\$-411291
Community Assessment	\$0	\$50940	\$-50940
Provision of Taxes	\$0	\$87094	\$-87094
Other Allocations	\$0	\$0	\$0