



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL & HEALTH CENTER (KOKOMO)

City of Hospital: Kokomo

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

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

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$138774790
Outpatient Patient Service Revenue	\$202265832
Total Gross Patient Service Revenue	\$341040622

2. Deductions From Revenue

Contractual Allowance	\$207035052
Other Deductions	\$13517969
Total Deductions	\$220553021

3. Total Operating Revenue

Net Patient Service Revenue	\$120487601
Other Operating Revenue	\$-90921
Total Operating Revenue	\$120396680

4. Operating Expenses

Salaries and Wages	\$41604590	Employee Benefits	\$12599548
Depreciation and Amortization	\$5163316	Interest Expense	\$678326
Bad Debt	\$10818670	Other Expenses	\$37527530
Total Operating Expenses	\$108391980		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12004700	Total Assets	\$170600001
Net Non-operating Gains over Loss	\$16336331	Total Liabilities	\$34527474
Total Net Gains	\$28341031		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$159125570	\$123660355	\$35465215
Medicaid	\$30959721	\$34315933	\$-3356212
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$150955330	\$62576733	\$88378597
Total	\$341040621	\$220553021	\$120487600

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$25999	\$25999	\$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	\$1737	\$-1737
Community Education	\$0	\$2838	\$-2838

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	2530
Number of Citizens Exposed to Health Education Messages	13348

Statement Six: Charity Statement

Hospital Charity Charges	\$7695462
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2246071	
HCI Payments	\$0		
Subtotal	\$0	\$2246071	\$-2246071
Medicaid Shortfalls	\$5860322	\$11854659	
Subtotal	\$5860322	\$14100730	\$-8240408
DSH Payments	\$0		
Subtotal	\$5860322	\$14100730	\$-8240408
Medicare Shortfalls	\$36224137	\$46629848	
Other Government Programs	\$0	\$0	
Total	\$42084459	\$60730578	\$-18646119

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$23705	\$311584	\$-287879
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$128570	\$-128570