



## 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 REGIONAL MEDICAL CENTER (PLYMOUTH CAMPUS)

*City of Hospital:* PLYMOUTH

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

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

*Medicare Provider Number:* 15-0076

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$43505760
Outpatient Patient Service Revenue	\$80152810
Total Gross Patient Service Revenue	\$123658570

#### 2. Deductions From Revenue

Contractual Allowance	\$72226935
Other Deductions	\$4678871
Total Deductions	\$76905806

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$46752764
Other Operating Revenue	\$803562
Total Operating Revenue	\$47556326

#### 4. Operating Expenses

Salaries and Wages	\$13068961	Employee Benefits	\$3943573
Depreciation and Amortization	\$2543175	Interest Expense	\$259878
Bad Debt	\$3757100	Other Expenses	\$17872214
Total Operating Expenses	\$41444901		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6111425	Total Assets	\$53564498
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$11240364
Total Net Gains	\$6111425		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$54759071	\$38017688	\$16741383
Medicaid	\$16268989	\$14361959	\$1907030
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$52630510	\$24526159	\$28104351
Total	\$123658570	\$76905806	\$46752764

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2800	\$-2800

### 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	\$4803	\$-4803
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$84477	\$-84477

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	82582
Number of Citizens Exposed to Health Education Messages	50000

### Statement Six: Charity Statement

Hospital Charity Charges	\$4678871
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1374534	
HCI Payments	\$0		
Subtotal	\$0	\$1374534	\$-1374534
Medicaid Shortfalls	\$1907030	\$4779417	
Subtotal	\$1907030	\$6153951	\$-4246921
DSH Payments	\$0		
Subtotal	\$1907030	\$6153951	\$-4246921
Medicare Shortfalls	\$16741383	\$16086829	
Other Government Programs	\$0	\$23671	
Total	\$18648413	\$22264451	\$-3616038

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$52673	\$572995	\$-520322
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0