



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARGARET MERCY HEALTHCARE CENTERS (NORTH CAMPUS)

City of Hospital: Hammond

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$232599897
Outpatient Patient Service Revenue	\$186657133
Total Gross Patient Service Revenue	\$419257030

2. Deductions From Revenue

Contractual Allowance	\$22810344
Other Deductions	\$24505788
Total Deductions	\$47316132

3. Total Operating Revenue

Net Patient Service Revenue	\$166647798
Other Operating Revenue	\$14496255
Total Operating Revenue	\$181144053

4. Operating Expenses

Salaries and Wages	\$72535315	Employee Benefits	\$26407592
Depreciation and Amortization	\$6171719	Interest Expense	\$5046680
Bad Debt	\$10533821	Other Expenses	\$74247830
Total Operating Expenses	\$194942957		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-13798905	Total Assets	\$58602876
Net Non-operating Gains over Loss	\$649908	Total Liabilities	\$12177335
Total Net Gains	\$-13148997		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$208164920	\$123954921	\$84209999
Medicaid	\$88084538	\$33581778	\$54502760
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$123007572	\$95072533	\$27935039
Total	\$419257030	\$252609232	\$166647798

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$621463	\$1036457	\$-414994

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	\$25731	\$1222672	\$-1196941
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$178508	\$-178508

Number of Medical Professionals Trained	702
Number of Hospital Patients Educated	141836
Number of Citizens Exposed to Health Education Messages	27443

Statement Six: Charity Statement

Hospital Charity Charges	\$24462264
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9069389	
HCI Payments	\$0		
Subtotal	\$0	\$9069389	\$-9069389
Medicaid Shortfalls	\$17048108	\$28835539	
Subtotal	\$17048108	\$37904928	\$-20856820
DSH Payments	\$25,014,964		
Subtotal	\$42063072	\$37904928	\$4158144
Medicare Shortfalls	\$47259246	\$69365583	
Other Government Programs	\$0	\$0	
Total	\$89322318	\$107270511	\$-17948193

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$7905	\$533219	\$-525314
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$74240	\$-74240
Other Allocations	\$0	\$0	\$0