



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: ST. MARY'S MEDICAL CENTER (EVANSVILLE)

City of Hospital: Evansville

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

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

Medicare Provider Number: 15-0100

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$574924081
Outpatient Patient Service Revenue	\$518134576
Total Gross Patient Service Revenue	\$1093058657

#### 2. Deductions From Revenue

Contractual Allowance	\$653571691
Other Deductions	\$59963245
Total Deductions	\$713534936

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$379523721
Other Operating Revenue	\$10451219
Total Operating Revenue	\$389974940

#### 4. Operating Expenses

Salaries and Wages	\$118921912	Employee Benefits	\$37897533
Depreciation and Amortization	\$13995726	Interest Expense	\$5547310
Bad Debt	\$5068991	Other Expenses	\$181288086
Total Operating Expenses	\$362719558		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27255382	Total Assets	\$528647826
Net Non-operating Gains over Loss	\$51474713	Total Liabilities	\$203911369
Total Net Gains	\$78730095		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$451561157	\$338441088	\$113120069
Medicaid	\$32484791	\$27246853	\$5237938
Other Government	\$0	\$0	\$0
Other State	\$96358805	\$80821645	\$15537160
Other Payers	\$512653904	\$207062105	\$305591799
Total	\$1093058657	\$653571691	\$439486966

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1409633	\$0	\$1409633

**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	\$29581	\$193606	\$-164025
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

**Statement Six: Charity Statement**

Hospital Charity Charges	\$59963245
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$305	\$15726779	
HCI Payments	\$0		
Subtotal	\$305	\$15726779	\$-15726474
Medicaid Shortfalls	\$6929778	\$13459740	
Subtotal	\$6930083	\$29186519	\$-22256436
DSH Payments	\$5,198,060		
Subtotal	\$12128143	\$29186519	\$-17058376
Medicare Shortfalls	\$97419482	\$99099401	
Other Government Programs	\$0	\$0	
Total	\$109547625	\$128285920	\$-18738295

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1671140	\$-1671140
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0