



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. CATHERINE HOSPITAL, INC.

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	
Outpatient Patient Service Revenue	
<b>Total Gross Patient Service Revenue</b>	<b>\$345117757</b>

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
<b>Total Deductions</b>	<b>\$215184391</b>

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
<b>Total Operating Revenue</b>	<b>\$165874204</b>

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
<b>Total Operating Expenses</b>	<b>\$168523408</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$-2580990		

**Statement Two: Contractual Allowance**

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$71746850
Medicaid			\$37395614
Other Government			\$0
Other State			\$0
Other Payers			\$48901654
Total	\$345117757	\$187073639	\$158044118

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-29731

**Statement Four: Research Statement**

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

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$-262871
Hospital Patients			\$0
Community Education			\$-454478

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	

Number of Citizens Exposed to Health Education Messages	

**Statement Six: Charity Statement**

Hospital Charity Charges
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$1978	\$5912477	\$-5910499
Medicaid Shortfalls			
Subtotal	\$30816444	\$46209102	\$-15392658
DSH Payments			
Subtotal	\$33623444	\$46209102	\$-12585658
Medicare Shortfalls			
Other Government Programs			
Total	\$88630831	\$109663000	\$-21032169

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-18793
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$0

Comments