



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: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (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	\$42207689	Contractual Allowance	\$75423827
Outpatient Patient Service Revenue	\$88943966	Other Deductions	\$5395111
Total Gross Patient Service Revenue	\$131151655	Total Deductions	\$80818938

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$50332717
Other Operating Revenue	\$2177654
Total Operating Revenue	\$52510371

4. Operating Expenses

Salaries and Wages	\$13563102	Employee Benefits	\$3505729
Depreciation and Amortization	\$2570153	Interest Expense	\$266835
Bad Debt	\$3043324	Other Expenses	\$20517272
Total Operating Expenses	\$43466415		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9043956	Total Assets	\$61987328
Net Non-operating Gains over Loss	\$-129045	Total Liabilities	\$10673772
Total Net Gains	\$8914911		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$59516984	\$42829866	\$16687118
Medicaid	\$17839890	\$15232786	\$2607104
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$53794781	\$22756286	\$31038495
Total	\$131151655	\$80818938	\$50332717

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1100	\$-1100

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	\$3625	\$-3625
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$94785	\$-94785

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	86522
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$5395111
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1524937	
HCI Payments	\$0		
Subtotal	\$0	\$1524937	\$-1524937
Medicaid Shortfalls	\$2603871	\$6529735	
Subtotal	\$2603871	\$8054672	\$-5450801
DSH Payments	\$0		
Subtotal	\$2603871	\$8054672	\$-5450801
Medicare Shortfalls	\$16687118	\$15441509	
Other Government Programs	\$3233	\$5013	
Total	\$19294222	\$23501194	\$-4206972

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$52965	\$570736	\$-517771
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0