



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: SETON SPECIALTY HOSPITAL - LAFAYETTE

City of Hospital: Lafayette

Year Begin: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Kristin Marks

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Medicare Provider Number: 152021

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$30240020
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$30240020

2. Deductions From Revenue

Contractual Allowance	\$18214156
Other Deductions	\$0
Total Deductions	\$18214156

3. Total Operating Revenue

Net Patient Service Revenue	\$12025864
Other Operating Revenue	\$1279
Total Operating Revenue	\$12027143

4. Operating Expenses

Salaries and Wages	\$4848082	Employee Benefits	\$1270543
Depreciation and Amortization	\$54539	Interest Expense	\$116
Bad Debt	\$96667	Other Expenses	\$3988522
Total Operating Expenses	\$10258469		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1768674	Total Assets	\$14678124
Net Non-operating Gains over Loss	\$1215758	Total Liabilities	\$2610040
Total Net Gains	\$2984432		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22260960	\$14828963	\$7431997
Medicaid	\$1935166	\$1667481	\$267685
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$6043894	\$1717712	\$4326182
Total	\$30240020	\$18214156	\$12025864

Statement Three: Donations Statement

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

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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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	\$153323
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$40015	
HCI Payments	\$0		
Subtotal	\$0	\$40015	\$-40015
Medicaid Shortfalls	\$0	\$551087	
Subtotal	\$0	\$591102	\$-591102
DSH Payments	\$0		
Subtotal	\$0	\$591102	\$-591102
Medicare Shortfalls	\$0	\$41948	
Other Government Programs	\$0	\$0	
Total	\$0	\$633050	\$-633050

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$19296	\$-19296
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



