



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. MARY'S MEDICAL CENTER (HOBART)

City of Hospital: Hobart

Year Begin: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: St. Mary Medical Center

Email Address: kjradinovic@comhs.org

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$329116728
Outpatient Patient Service Revenue	\$397842955
<b>Total Gross Patient Service Revenue</b>	<b>\$726959683</b>

2. Deductions From Revenue

Contractual Allowance	\$469655463
Other Deductions	\$23496951
<b>Total Deductions</b>	<b>\$493152414</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$233807269
Other Operating Revenue	\$5436179
<b>Total Operating Revenue</b>	<b>\$239243448</b>

4. Operating Expenses

Salaries and Wages	\$62387373	Employee Benefits	\$16378317
Depreciation and Amortization	\$10342842	Interest Expense	\$1196516
Bad Debt	\$0	Other Expenses	\$125995413
<b>Total Operating Expenses</b>	<b>\$216300461</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$22942987	Total Assets	\$185031444
Net Non-operating Gains over Loss	\$625850	Total Liabilities	\$34908967
Total Net Gains	\$23568837		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$387339163	\$277632853	\$109706310
Medicaid	\$80478875	\$60676197	\$19802678
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$259141645	\$131346413	\$127795232
Total	\$726959683	\$469655463	\$257304220

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$125248	\$-125248

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	\$1313693	\$-1313693
Hospital Patients	\$0	\$0	\$0
Community Education	\$82710	\$544709	\$-461999

Number of Medical Professionals Trained	1262
Number of Hospital Patients Educated	11666
Number of Citizens Exposed to Health Education Messages	193052

Statement Six: Charity Statement
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Hospital Charity Charges	\$14791996
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$146005	\$3239645	
HCI Payments	\$0		
Subtotal	\$146005	\$3239645	\$-3093640
Medicaid Shortfalls	\$19956171	\$32718608	
Subtotal	\$20102176	\$35958253	\$-15856077
DSH Payments	\$0		
Subtotal	\$20102176	\$35958253	\$-15856077
Medicare Shortfalls	\$100724345	\$108208284	
Other Government Programs	\$0	\$0	
Total	\$120826521	\$144166537	\$-23340016

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$346694	\$383080	\$-36386
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments