



Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: ST. ANTHONY MEMORIAL

City of Hospital: Michigan City, IN 46360

Year Begin: 01/01/2007 (mm/dd/yyyy format)

Year End: 12/31/2007 (mm/dd/yyyy format)

Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$130455942
Outpatient Patient Service Revenue	\$153398397
Total Gross Patient Service Revenue	\$283854339

2. Deductions From Revenue

Contractual Allowance	\$137239023
Other Deductions	\$12537107
Total Deductions	\$149776130

3. Total Operating Revenue

Net Patient Service Revenue	\$134078209
Other Operating Revenue	\$14545000
Total Operating Revenue	\$148623209

4. Operating Expenses

Salaries and Wages	\$50756629	Employee Benefits	\$14178313
Depreciation and Amortization	\$7198400	Interest Expense	\$3420122
Bad Debt	\$3744851	Other Expenses	\$63786218
Total Operating Expenses	\$143084533		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4102868	Total Assets	\$131160135
Net Non-operating Gains over Loss	\$-2352511	Total Liabilities	\$131160135
Total Net Gains	\$1750357		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$94459709	\$46434324	\$48025385
Medicaid	\$59760369	\$32270599	\$27489770
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$129634261	\$71071207	\$58563054
Total	\$283854339	\$149776130	\$134078209

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$200614	\$-200614

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	\$500	\$45233	\$-44733
Hospital Patients	\$0	\$0	\$0
Community Education	\$7409	\$214944	\$-207535

Number of Medical Professionals Trained	53
Number of Hospital Patients Educated	270
Number of Citizens Exposed to Health Education Messages	6563

Statement Six: Charity Statement

Hospital Charity Charges	\$12537107
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4597401	
HCI Payments	\$1140372		
Subtotal	\$1140372	\$4597401	\$-3457029
Medicaid Shortfalls	\$0	\$7328471	
Subtotal	\$1140372	\$11925872	\$-10785500
DSH Payments	\$11,762,610		
Subtotal	\$12902982	\$11925872	\$977110
Medicare Shortfalls	\$0	\$16827061	
Other Government Programs	\$0	\$0	
Total	\$12902982	\$28752933	\$-15849951

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	\$0	\$38036	\$-38036
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0