



## Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)  
 Indiana State Department of Health  
 Indiana Code 16-21-9

### I. Identification of Nonprofit Hospital

*Hospital Name:* ST. JOSEPH REGIONAL MEDICAL CENTER (PLYMOUTH CAMPUS)

*City of Hospital:* PLYMOUTH

*Name of Charity Benefit Rep:* JULIA MUDIS RYBICKI

*Telephone Number:* (574) 472-6347 x\_\_\_\_\_

*Year of Statement:* 2009

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"?  Yes  No

### II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan		<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care		<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement		<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served		<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment		<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy		<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice		<input type="radio"/> Yes <input checked="" type="radio"/> No

### III. Identification of New Objectives (optional)



### IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2009	2008	2007
Person Served in twelve-month period	3639	3644	4387
Charity Care Allocation	\$1,462,027	\$1,350,873	\$1,426,090

### V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

COMMUNITY HEALTH SERVICES	\$29,949
2.) HEALTH PROFESSIONS EDUCATION	\$22,720
3.) SUBSIDIZED HEALTH SERVICES	\$642,873
4.) FINANCIAL CONTRIBUTIONS	\$14,746
5.)	\$0

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes  No

If applicable, address of hospital web site that contains information on community benefits.

**VI. Identification of Additional Non-Hospital Charity Costs**

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

