



**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

Name Of Hospital	The Methodist Hospitals, INC
City Of Hospital	Gary and Merrillville Indiana
Name Of Charity Benefit Representative	Linda Milenkovski
Telephone Number	(219) 886-4337
Year Of Statement	2010

Eligibility Statement	Has the CEO identified your hospital as a "Nonprofit Hospital"?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
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II. Documentation of Previously Filed Information

NAME OF DOCUMENT	DATE FILED WITH ISDH	ANY CHANGES (yes/no)
Community Benefit Plan		No
Original Long-Range Hospital Objectives for charity care		No
Hospital Mission Statement		No
List of Communities Served		No
Needs Assessment		No
Copy of Charity Care Policy		No
Statement of Public Notice		No

III. Identification of New Objectives (Optional)

ISDH	ANNUAL NONPROFIT HOSPITAL COMMUNITY BENEFIT STATEMENT
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IV. Allocation of Dollars and Persons Served Under Adopted Charity Policy

List Last Three Years	2008	2009	2010
Persons Served in twelve-month period	19955	16136	16668
Charity Care Allocation	(\$ 55,224,269.00)	(\$ 46,235,348.00)	(\$ 43,433,296.00)

V. Annual Community Benefit Programs and Net Cost of Operation

NAME OF PROGRAM	NET COSTS OF PROGRAM
1. Attachment	(\$)
2.	(\$)
3.	(\$)
4.	(\$)
5.	(\$)

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, name of hospital web site that contains information on community benefits

www: _____

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

ORGANIZATION PROVIDING CHARITY CARE	STREET ADDRESS	NET COSTS OF CHARITY CARE
		(\$)
		(\$)

Comments