



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: SETON SPECIALTY HOSPITAL - LAFAYETTE

City of Hospital: Lafayette

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-2021

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$27159048	Contractual Allowance	\$16855988
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$27159048	Total Deductions	\$16855988

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$10303059
Other Operating Revenue	\$17000
Total Operating Revenue	\$10320059

#### 4. Operating Expenses

Salaries and Wages	\$5412484	Employee Benefits	\$1449925
Depreciation and Amortization	\$216186	Interest Expense	\$137
Bad Debt	\$64239	Other Expenses	\$3650531
Total Operating Expenses	\$10793502		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-473443	Total Assets	\$10418547
Net Non-operating Gains over Loss	\$-167375	Total Liabilities	\$2005239
Total Net Gains	\$-640818		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$20545684	\$14679735	\$5865949
Medicaid	\$1410863	\$1116888	\$293975
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$5202501	\$1059365	\$4143136
Total	\$27159048	\$16855988	\$10303060

**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

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	\$23083
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9435	
HCI Payments	\$0		
Subtotal	\$0	\$9435	\$-9435
Medicaid Shortfalls	\$0	\$429316	
Subtotal	\$0	\$438751	\$-438751
DSH Payments	\$0		
Subtotal	\$0	\$438751	\$-438751
Medicare Shortfalls	\$0	\$1107141	
Other Government Programs	\$0	\$0	
Total	\$0	\$1545892	\$-1545892

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$52311	\$-52311
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0