



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: COMMUNITY HOSPITAL OF MUNSTER

City of Hospital: Munster

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

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

Person Completing the Report: Community Hospital Munster

Email Address: msteffen@comhs.org

Medicare Provider Number: 15-0125

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$653293548
Outpatient Patient Service Revenue	\$765254840
<b>Total Gross Patient Service Revenue</b>	<b>\$1418548388</b>

2. Deductions From Revenue

Contractual Allowance	\$906133620
Other Deductions	\$34939910
<b>Total Deductions</b>	<b>\$941073530</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$477474858
Other Operating Revenue	\$17644032
<b>Total Operating Revenue</b>	<b>\$495118890</b>

4. Operating Expenses

Salaries and Wages	\$156504476	Employee Benefits	\$40938843
Depreciation and Amortization	\$21690603	Interest Expense	\$13707
Bad Debt	\$0	Other Expenses	\$218505381
<b>Total Operating Expenses</b>	<b>\$437653010</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$57465880	Total Assets	\$293559844
Net Non-operating Gains over Loss	\$762263	Total Liabilities	\$98077111
Total Net Gains	\$58228143		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$746783547	\$516365655	\$230417892
Medicaid	\$148154518	\$93415966	\$54738552
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$523610323	\$296351999	\$227258324
Total	\$1418548388	\$906133620	\$512414768

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$214295	\$-214295

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$252512	\$810618	\$-558106

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1619594	\$-1619594
Hospital Patients	\$0	\$0	\$0
Community Education	\$131863	\$1151649	\$-1019786

Number of Medical Professionals Trained	912
Number of Hospital Patients Educated	20658
Number of Citizens Exposed to Health Education Messages	305337

Statement Six: Charity Statement
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Hospital Charity Charges	\$19185163
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$82070	\$2265968	
HCI Payments	\$0		
Subtotal	\$82070	\$2265968	\$-2183898
Medicaid Shortfalls	\$33856904	\$61534618	
Subtotal	\$33938974	\$63800586	\$-29861612
DSH Payments	\$0		
Subtotal	\$33938974	\$63800586	\$-29861612
Medicare Shortfalls	\$183707377	\$221113739	
Other Government Programs	\$0	\$0	
Total	\$217646351	\$284914325	\$-67267974

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	\$268450	\$274913	\$-6463
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments