



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: ST. ANTHONY MEMORIAL

City of Hospital: Michigan City

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Youssef Zaknoun

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Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$194565704
Outpatient Patient Service Revenue	\$419296939
Total Gross Patient Service Revenue	\$613862643

2. Deductions From Revenue

Contractual Allowance	\$385828401
Other Deductions	\$34552342
Total Deductions	\$420380743

3. Total Operating Revenue

Net Patient Service Revenue	\$193481901
Other Operating Revenue	\$11256918
Total Operating Revenue	\$204738819

4. Operating Expenses

Salaries and Wages	\$68168148	Employee Benefits	\$19005593
Depreciation and Amortization	\$11073539	Interest Expense	\$5805582
Bad Debt	\$3740427	Other Expenses	\$89716895
Total Operating Expenses	\$197510184		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7228635	Total Assets	\$141579501
Net Non-operating Gains over Loss	\$-12564749	Total Liabilities	\$141579501
Total Net Gains	\$-5336114		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$259279392	\$210632566	\$48646826
Medicaid	\$134071502	\$83170036	\$50901466
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$220511750	\$126578141	\$93933609
Total	\$613862644	\$420380743	\$193481901

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$83211	\$-83211

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	\$322803	\$-322803
Hospital Patients	\$0	\$0	\$0
Community Education	\$1595	\$197862	\$-196267

Number of Medical Professionals Trained	198
Number of Hospital Patients Educated	670
Number of Citizens Exposed to Health Education Messages	3347

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8516319	
HCI Payments	\$0		
Subtotal	\$0	\$8516319	\$-8516319
Medicaid Shortfalls	\$0	\$5904509	
Subtotal	\$0	\$14420828	\$-14420828
DSH Payments	\$0		
Subtotal	\$0	\$14420828	\$-14420828
Medicare Shortfalls	\$0	\$25813431	
Other Government Programs	\$0	\$0	
Total	\$0	\$40234259	\$-40234259

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$11265034	\$16965643	\$-5700609
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments