



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. MARY MEDICAL CENTER (HOBART)

City of Hospital: Hobart

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: St. Mary Medical Center

Email Address: kjradinovic@comhs.org

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$364325809
Outpatient Patient Service Revenue	\$440785511
Total Gross Patient Service Revenue	\$805111320

2. Deductions From Revenue

Contractual Allowance	\$538011040
Other Deductions	\$19266324
Total Deductions	\$557277364

3. Total Operating Revenue

Net Patient Service Revenue	\$247833956
Other Operating Revenue	\$3321453
Total Operating Revenue	\$251155409

4. Operating Expenses

Salaries and Wages	\$67332441	Employee Benefits	\$16388238
Depreciation and Amortization	\$13768972	Interest Expense	\$1288465
Bad Debt	\$0	Other Expenses	\$136419046
Total Operating Expenses	\$235197162		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15958247	Total Assets	\$194991707
Net Non-operating Gains over Loss	\$81327	Total Liabilities	\$39026288

Total Net Gains	\$16039574
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$435157557	\$326939909	\$108217648
Medicaid	\$106927521	\$80366271	\$26561250
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$263026242	\$130704860	\$132321382
Total	\$805111320	\$538011040	\$267100280

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$208660	\$-208660

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	\$796052	\$-796052
Hospital Patients	\$0	\$0	\$0
Community Education	\$1911	\$682021	\$-680110

Number of Medical Professionals Trained	655
Number of Hospital Patients Educated	12074
Number of Citizens Exposed to Health Education Messages	193170

Statement Six: Charity Statement

Hospital Charity Charges	\$14593334
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$45572	\$1637018	
HCI Payments	\$0		
Subtotal	\$45572	\$1637018	\$-1591446
Medicaid Shortfalls	\$24264149	\$39064946	
Subtotal	\$24309721	\$40701964	\$-16392243
DSH Payments	\$0		
Subtotal	\$24309721	\$40701964	\$-16392243
Medicare Shortfalls	\$103977209	\$122920446	
Other Government Programs	\$0	\$0	
Total	\$128286930	\$163622410	\$-35335480

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	\$105215	\$149674	\$-44459
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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