



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: FRANCISCAN -- ST. FRANCIS HEALTH (CARMEL)

City of Hospital: CARMEL

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

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

Person Completing the Report: Danielle Kriech

Email Address: danielle.kriech@franciscanalliance.org

Medicare Provider Number: 15-0182

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19316825
Outpatient Patient Service Revenue	\$17972812
<b>Total Gross Patient Service Revenue</b>	<b>\$37289637</b>

2. Deductions From Revenue

Contractual Allowance	\$19168246
Other Deductions	\$246628
<b>Total Deductions</b>	<b>\$19414874</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$17874763
Other Operating Revenue	\$732343
<b>Total Operating Revenue</b>	<b>\$18607106</b>

4. Operating Expenses

Salaries and Wages	\$2972915	Employee Benefits	\$736027
Depreciation and Amortization	\$2519018	Interest Expense	\$75424
Bad Debt	\$282274	Other Expenses	\$10577855
<b>Total Operating Expenses</b>	<b>\$17163513</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1443593	Total Assets	\$12948380
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-1370558
Total Net Gains	\$1443593		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$15876011	\$12629584	\$3246427
Medicaid	\$731530	\$598235	\$133295
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20682096	\$6187055	\$14495041
Total	\$37289637	\$19414874	\$17874763

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	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$367661	
HCI Payments	\$0		
Subtotal	\$0	\$367661	\$-367661
Medicaid Shortfalls	\$152064	\$256602	
Subtotal	\$152064	\$624263	\$-472199
DSH Payments	\$0		
Subtotal	\$152064	\$624263	\$-472199
Medicare Shortfalls	\$3584159	\$4876285	
Other Government Programs	\$0	\$0	
Total	\$3736223	\$5500548	\$-1764325

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$26040	\$40991	\$-14951
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$67757	\$139763	\$-72006

Comments