



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. FRANCIS HOSPITALS & HEALTH CENTERS (INDIANAPOLIS)

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2008 (mm/dd/yyyy format)

Year End: 12/31/2008 (mm/dd/yyyy format)

Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$180822584
Outpatient Patient Service Revenue	\$409536901
Total Gross Patient Service Revenue	\$590359485

2. Deductions From Revenue

Contractual Allowance	\$296211055
Other Deductions	\$36783275
Total Deductions	\$332994330

3. Total Operating Revenue

Net Patient Service Revenue	\$257365155
Other Operating Revenue	\$25167060
Total Operating Revenue	\$282532215

4. Operating Expenses

Salaries and Wages	\$41210111	Employee Benefits	\$10937677
Depreciation and Amortization	\$6404487	Interest Expense	\$500665
Bad Debt	\$7421763	Other Expenses	\$103231949
Total Operating Expenses	\$169706652		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$112825563	Total Assets	\$269791661
Net Non-operating Gains over Loss	\$-20498903	Total Liabilities	\$-29130815
Total Net Gains	\$92326660		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$283028177	\$112814930	\$170213247
Medicaid	\$79047312	\$61998232	\$17049080
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$228283996	\$158181168	\$70102828
Total	\$590359485	\$332994330	\$257365155

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	\$19838	\$390798	\$-370960

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
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11858574	
HCI Payments	\$0		
Subtotal	\$0	\$11858574	\$-11858574
Medicaid Shortfalls	\$17049080	\$25210475	
Subtotal	\$17049080	\$37069049	\$-20019969
DSH Payments	\$0		
Subtotal	\$17049080	\$37069049	\$-20019969
Medicare Shortfalls	\$170213247	\$251694329	
Other Government Programs	\$0	\$0	
Total	\$187262327	\$288763378	\$-101501051

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$704866	\$1190750	\$-485884