



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ANTHONY HEALTH (CROWN POINT)

City of Hospital: Crown Point

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$238313100	Contractual Allowance	\$282064940
Outpatient Patient Service Revenue	\$276084130	Other Deductions	\$15105551
Total Gross Patient Service Revenue	\$514397230	Total Deductions	\$297170491

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$217226739
Other Operating Revenue	\$5384180
Total Operating Revenue	\$222610919

4. Operating Expenses

Salaries and Wages	\$74553631	Employee Benefits	\$23496535
Depreciation and Amortization	\$10929219	Interest Expense	\$5270051
Bad Debt	\$8844227	Other Expenses	\$77303446
Total Operating Expenses	\$200397109		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22213809	Total Assets	\$238265435
Net Non-operating Gains over Loss	\$-115454	Total Liabilities	\$16492616
Total Net Gains	\$22098355		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$216873737	\$143309282	\$73564455
Medicaid	\$28219525	\$19749846	\$8469679
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$269303968	\$134111363	\$135192605
Total	\$514397230	\$297170491	\$217226739

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$997798	\$15883	\$981915

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	\$72300	\$113314	\$-41014
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$52460	\$-52460

Number of Medical Professionals Trained	502
Number of Hospital Patients Educated	319670
Number of Citizens Exposed to Health Education Messages	4645

Statement Six: Charity Statement

Hospital Charity Charges	\$13833278
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4916240	
HCI Payments	\$0		
Subtotal	\$0	\$4916240	\$-4916240
Medicaid Shortfalls	\$3295825	\$8085484	
Subtotal	\$3295825	\$13001724	\$-9705899
DSH Payments	\$0		
Subtotal	\$3295825	\$13001724	\$-9705899
Medicare Shortfalls	\$0	\$4748706	
Other Government Programs	\$0	\$660091	
Total	\$3295825	\$18410521	\$-15114696

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$282896	\$-282896
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$996173	\$-996173
Other Allocations	\$0	\$0	\$0