



## 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. ELIZABETH HEALTH (LAFAYETTE CENTRAL)

*City of Hospital:* Lafayette

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

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

*Medicare Provider Number:* 150003

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$63577632
Outpatient Patient Service Revenue	\$77990987
Total Gross Patient Service Revenue	\$141568619

#### 2. Deductions From Revenue

Contractual Allowance	\$101073018
Other Deductions	\$9161429
Total Deductions	\$110234447

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$31334172
Other Operating Revenue	\$7346990
Total Operating Revenue	\$38681162

#### 4. Operating Expenses

Salaries and Wages	\$34193709	Employee Benefits	\$11633231
Depreciation and Amortization	\$5627474	Interest Expense	\$0
Bad Debt	\$3391429	Other Expenses	\$23679543
Total Operating Expenses	\$78525386		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-39844224	Total Assets	\$52785886
Net Non-operating Gains over Loss	\$-505374	Total Liabilities	\$36676234
Total Net Gains	\$-40349598		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$74031484	\$50843797	\$23187687
Medicaid	\$24983443	\$21031456	\$3951987
Other Government	\$657845	\$511974	\$145871
Other State	\$3030860	\$2335817	\$695043
Other Payers	\$38864987	\$26349974	\$12515013
Total	\$141568619	\$101073018	\$40495601

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$460380	\$-460380

### 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	\$2887630	\$3883286	\$-995656
Hospital Patients	\$0	\$0	\$0
Community Education	\$148912	\$492554	\$-343642

Number of Medical Professionals Trained	383
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	11031

### Statement Six: Charity Statement

Hospital Charity Charges	\$9145431
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2806768	
HCI Payments	\$0		
Subtotal	\$0	\$2806768	\$-2806768
Medicaid Shortfalls	\$3951987	\$8187074	
Subtotal	\$3951987	\$10993842	\$-7041855
DSH Payments	\$0		
Subtotal	\$3951987	\$10993842	\$-7041855
Medicare Shortfalls	\$23187687	\$24260117	
Other Government Programs	\$840914	\$1208789	
Total	\$27980588	\$36462748	\$-8482160

<b>Statement Seven: Subsidized Health Services for the Community</b>
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	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	\$0	\$0	\$0