



## 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. MARGARET HEALTH (DYER)

City of Hospital: Dyer

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

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

Medicare Provider Number: 15-0090

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$212169856	Contractual Allowance	\$215690964
Outpatient Patient Service Revenue	\$153858220	Other Deductions	\$11622446
Total Gross Patient Service Revenue	\$366028076	Total Deductions	\$227313410

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$138714666
Other Operating Revenue	\$3190286
Total Operating Revenue	\$141904952

#### 4. Operating Expenses

Salaries and Wages	\$50310449	Employee Benefits	\$13836827
Depreciation and Amortization	\$8804447	Interest Expense	\$2750705
Bad Debt	\$4981339	Other Expenses	\$44342179
Total Operating Expenses	\$125025946		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16879006	Total Assets	\$158747470
Net Non-operating Gains over Loss	\$-82662	Total Liabilities	\$50841011
Total Net Gains	\$16796344		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$165367657	\$116167156	\$49200501
Medicaid	\$47989293	\$29478708	\$18510585
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$152671126	\$81667546	\$71003580
Total	\$366028076	\$227313410	\$138714666

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$180894	\$121156	\$59738

### 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	\$2154410	\$-2154410
Hospital Patients	\$0	\$0	\$0
Community Education	\$681	\$55678	\$-54997

Number of Medical Professionals Trained	673
Number of Hospital Patients Educated	178470
Number of Citizens Exposed to Health Education Messages	10084

### Statement Six: Charity Statement

Hospital Charity Charges	\$11567844
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4288780	
HCI Payments	\$0		
Subtotal	\$0	\$4288780	\$-4288780
Medicaid Shortfalls	\$9424545	\$14735879	
Subtotal	\$9424545	\$19024659	\$-9600114
DSH Payments	\$0		
Subtotal	\$9424545	\$19024659	\$-9600114
Medicare Shortfalls	\$42635620	\$61621615	
Other Government Programs	\$0	\$0	
Total	\$52060165	\$80646274	\$-28586109

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4500	\$910809	\$-906309
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$55158	\$-55158
Other Allocations	\$0	\$0	\$0