



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 EAST)

City of Hospital: Lafayette

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$366501269	Contractual Allowance	\$404317198
Outpatient Patient Service Revenue	\$365396570	Other Deductions	\$33386746
Total Gross Patient Service Revenue	\$731897839	Total Deductions	\$437703944

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$294193895
Other Operating Revenue	\$9618944
Total Operating Revenue	\$303812839

4. Operating Expenses

Salaries and Wages	\$59888945	Employee Benefits	\$20417505
Depreciation and Amortization	\$11409152	Interest Expense	\$7486570
Bad Debt	\$7810524	Other Expenses	\$117526882
Total Operating Expenses	\$224539578		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$79273261	Total Assets	\$237231859
Net Non-operating Gains over Loss	\$-146845	Total Liabilities	\$7455719
Total Net Gains	\$79126416		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$273612016	\$216828528	\$56783488
Medicaid	\$78067494	\$52116934	\$25950560
Other Government	\$3940436	\$3305430	\$635006
Other State	\$0	\$0	\$0
Other Payers	\$376277893	\$165453052	\$210824841
Total	\$731897839	\$437703944	\$294193895

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$87443	\$-87443

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	\$215826	\$-215826
Hospital Patients	\$0	\$0	\$0
Community Education	\$155241	\$543228	\$-387987

Number of Medical Professionals Trained	140
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	13403

Statement Six: Charity Statement

Hospital Charity Charges	\$33380465
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9156363	
HCI Payments	\$0		
Subtotal	\$0	\$9156363	\$-9156363
Medicaid Shortfalls	\$25950560	\$34139485	
Subtotal	\$25950560	\$43295848	\$-17345288
DSH Payments	\$0		
Subtotal	\$25950560	\$43295848	\$-17345288
Medicare Shortfalls	\$56783488	\$75052605	
Other Government Programs	\$635006	\$1080874	
Total	\$83369054	\$119429327	\$-36060273

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	\$9820407	\$14516831	\$-4696424