



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

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

City of Hospital: Crown Point

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Kendra Schuett

Email Address: kendra.schuett@franciscanalliance.org

Medicare Provider Number: 150126

Statement One: Summary of Revenue and Expenses
--

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$249221995
Outpatient Patient Service Revenue	\$349657603
Total Gross Patient Service Revenue	\$598879598

2. Deductions From Revenue

Contractual Allowance	\$338406016
Other Deductions	\$19665471
Total Deductions	\$358071487

3. Total Operating Revenue

Net Patient Service Revenue	\$240808111
Other Operating Revenue	\$6290266
Total Operating Revenue	\$247098377

4. Operating Expenses

Salaries and Wages	\$80834761	Employee Benefits	\$28188200
Depreciation and Amortization	\$14168379	Interest Expense	\$5391374
Bad Debt	\$10433733	Other Expenses	\$94977930
Total Operating Expenses	\$233994377		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13104000	Total Assets	\$241092678
Net Non-operating Gains over Loss	\$-867313	Total Liabilities	\$27480454
Total Net Gains	\$12236687		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$255966465	\$184909905	\$71056560
Medicaid	\$51288864	\$33542032	\$17746832
Other Government	\$0	\$0	\$0
Other State	\$291624269	\$0	\$291624269
Other Payers	\$0	\$119954079	\$-119954079
Total	\$598879598	\$338406016	\$260473582

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$586975	\$11600	\$575375

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	\$31865	\$-31865
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$47496	\$-47496

--	--

Number of Medical Professionals Trained	519
Number of Hospital Patients Educated	392568
Number of Citizens Exposed to Health Education Messages	4408

Statement Six: Charity Statement

Hospital Charity Charges	\$18907832
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5982479	
HCI Payments	\$0		
Subtotal	\$0	\$5982479	\$-5982479
Medicaid Shortfalls	\$2462116	\$13253545	
Subtotal	\$2462116	\$19236024	\$-16773908
DSH Payments	\$0		
Subtotal	\$2462116	\$19236024	\$-16773908
Medicare Shortfalls	\$55383661	\$87754776	
Other Government Programs	\$0	\$757884	
Total	\$57845777	\$107748684	\$-49902907

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$400	\$8704976	\$-8704576
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$1132214	\$-1132214
Other Allocations	\$0	\$0	\$0

Comments



