



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. ELIZABETH HEALTH (LAFAYETTE CENTRAL)

City of Hospital: Lafayette

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

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

Person Completing the Report: Jeffrey Deakyne

Email Address: jennifer.higginbottom@franciscanalliance.org

Medicare Provider Number: 150003

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$74840881
Outpatient Patient Service Revenue	\$99397569
Total Gross Patient Service Revenue	\$174238450

2. Deductions From Revenue

Contractual Allowance	\$91758417
Other Deductions	\$7878458
Total Deductions	\$99636875

3. Total Operating Revenue

Net Patient Service Revenue	\$74601575
Other Operating Revenue	\$6325940
Total Operating Revenue	\$80927515

4. Operating Expenses

Salaries and Wages	\$36187896	Employee Benefits	\$14386330
Depreciation and Amortization	\$171172	Interest Expense	\$0
Bad Debt	\$4771181	Other Expenses	\$25926333
Total Operating Expenses	\$81442912		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-515397	Total Assets	\$206780404
Net Non-operating Gains over Loss	\$-2251424	Total Liabilities	\$33667527
Total Net Gains	\$-2766821		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$69826441	\$49443589	\$20382852
Medicaid	\$26331663	\$17639999	\$8691664
Other Government	\$1011680	\$516533	\$495147
Other State	\$0	\$0	\$0
Other Payers	\$77068666	\$32036754	\$45031912
Total	\$174238450	\$99636875	\$74601575

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$285962	\$-285962

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	\$3485780	\$4687844	\$-1202064
Hospital Patients	\$0	\$0	\$0
Community Education	\$130650	\$381350	\$-250700

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Number of Medical Professionals Trained	596
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	7555

Statement Six: Charity Statement

Hospital Charity Charges	\$7878458
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3092012	
HCI Payments	\$0		
Subtotal	\$0	\$3092012	\$-3092012
Medicaid Shortfalls	\$8691664	\$12343511	
Subtotal	\$8691664	\$15435523	\$-6743859
DSH Payments	\$0		
Subtotal	\$8691664	\$15435523	\$-6743859
Medicare Shortfalls	\$20382852	\$27404376	
Other Government Programs	\$495147	\$397048	
Total	\$29569663	\$43236947	\$-13667284

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	\$8913746	\$14898154	\$-5984408

Comments



