



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. FRANCIS HEALTH (CARMEL)

City of Hospital: CARMEL

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

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

Person Completing the Report: Kelley Foster

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Medicare Provider Number: 15-0182

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4100509
Outpatient Patient Service Revenue	\$17005920
Total Gross Patient Service Revenue	\$21106429

2. Deductions From Revenue

Contractual Allowance	\$13626642
Other Deductions	\$60875
Total Deductions	\$13687517

3. Total Operating Revenue

Net Patient Service Revenue	\$7418906
Other Operating Revenue	\$1624111
Total Operating Revenue	\$9043017

4. Operating Expenses

Salaries and Wages	\$2554244	Employee Benefits	\$734130
Depreciation and Amortization	\$2668435	Interest Expense	\$81224
Bad Debt	\$193307	Other Expenses	\$8926595
Total Operating Expenses	\$15157935		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6114918	Total Assets	\$17113355
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-3640098
Total Net Gains	\$-6114918		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$10195172	\$8198747	\$1996425
Medicaid	\$487124	\$407585	\$79539
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$10424133	\$5081192	\$5342941
Total	\$21106429	\$13687524	\$7418905

Statement Three: Donations Statement

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

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$259242	
HCI Payments	\$0		
Subtotal	\$0	\$259242	\$-259242
Medicaid Shortfalls	\$85070	\$162508	
Subtotal	\$85070	\$421750	\$-336680
DSH Payments	\$0		
Subtotal	\$85070	\$421750	\$-336680
Medicare Shortfalls	\$2669308	\$3679672	
Other Government Programs	\$0	\$0	
Total	\$2754378	\$4101422	\$-1347044

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$12057	\$24192	\$-12135
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$615216	\$1622179	\$-1006963

Comments



