



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. MARGARET HEALTH (DYER)

City of Hospital: Dyer

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

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

Person Completing the Report: Elaine Trapp

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Medicare Provider Number: 15-0090

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

Inpatient Patient Service Revenue	\$218286338
Outpatient Patient Service Revenue	\$225438768
Total Gross Patient Service Revenue	\$443725106

## 2. Deductions From Revenue

Contractual Allowance	\$252745182
Other Deductions	\$25692583
Total Deductions	\$278437765

## 3. Total Operating Revenue

Net Patient Service Revenue	\$165287341
Other Operating Revenue	\$4977708
Total Operating Revenue	\$170265049

## 4. Operating Expenses

Salaries and Wages	\$63633546	Employee Benefits	\$21993750
Depreciation and Amortization	\$6902521	Interest Expense	\$2134371
Bad Debt	\$7764525	Other Expenses	\$50769179
Total Operating Expenses	\$153197892		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17067157	Total Assets	\$193714392
Net Non-operating Gains over Loss	\$-330566	Total Liabilities	\$54841155
Total Net Gains	\$16736591		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$193074703	\$141135870	\$51938833
Medicaid	\$58309588	\$29186504	\$29123084
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$192340815	\$108115391	\$84225424
Total	\$443725106	\$278437765	\$165287341

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$275000	\$358543	\$-83543

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	\$535991	\$-535991
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$13881	\$-13881

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Number of Medical Professionals Trained	1505
Number of Hospital Patients Educated	253067
Number of Citizens Exposed to Health Education Messages	9499

Statement Six: Charity Statement
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Hospital Charity Charges	\$21244980
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7498581	
HCI Payments	\$0		
Subtotal	\$0	\$7498581	\$-7498581
Medicaid Shortfalls	\$12793650	\$17245921	
Subtotal	\$12793650	\$24744502	\$-11950852
DSH Payments	\$0		
Subtotal	\$12793650	\$24744502	\$-11950852
Medicare Shortfalls	\$42402419	\$65705296	
Other Government Programs	\$0	\$0	
Total	\$55196069	\$90449798	\$-35253729

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$805552	\$-805552
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$63639	\$-63639
Other Allocations	\$0	\$0	\$0

Comments



