



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 PHYSICIANS HOSPITAL, LLC

City of Hospital: Munster

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Scott Spencer

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Medicare Provider Number: 150165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29625405
Outpatient Patient Service Revenue	\$178026405
Total Gross Patient Service Revenue	\$207651810

2. Deductions From Revenue

Contractual Allowance	\$151423784
Other Deductions	\$2455001
Total Deductions	\$153878785

3. Total Operating Revenue

Net Patient Service Revenue	\$53773025
Other Operating Revenue	\$672955
Total Operating Revenue	\$54445980

4. Operating Expenses

Salaries and Wages	\$18038623	Employee Benefits	\$4568635
Depreciation and Amortization	\$3469672	Interest Expense	\$3299824
Bad Debt	\$1619014	Other Expenses	\$30267409
Total Operating Expenses	\$61263177		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6817198	Total Assets	\$100625640
Net Non-operating Gains over Loss	\$32627	Total Liabilities	\$55328570
Total Net Gains	\$-6784571		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$74532520	\$60551871	\$13980649
Medicaid	\$11165283	\$9313543	\$1851740
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$121954007	\$81558370	\$40395637
Total	\$207651810	\$151423784	\$56228026

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	\$3268	\$-3268

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	771

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	\$745954	
HCI Payments	\$0		
Subtotal	\$0	\$745954	\$-745954
Medicaid Shortfalls	\$1719527	\$3076825	
Subtotal	\$1719527	\$3822779	\$-2103252
DSH Payments	\$0		
Subtotal	\$1719527	\$3822779	\$-2103252
Medicare Shortfalls	\$14234324	\$20716316	
Other Government Programs	\$0	\$0	
Total	\$15953851	\$24539095	\$-8585244

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$160229	\$-160229
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments