



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 HEALTH MOORESVILLE

City of Hospital: Mooresville

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Tamara Murphy

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Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$145245566
Outpatient Patient Service Revenue	\$357775915
Total Gross Patient Service Revenue	\$503021481

2. Deductions From Revenue

Contractual Allowance	\$362481800
Other Deductions	\$15837699
Total Deductions	\$378319499

3. Total Operating Revenue

Net Patient Service Revenue	\$124701982
Other Operating Revenue	\$6249330
Total Operating Revenue	\$130951312

4. Operating Expenses

Salaries and Wages	\$28723024	Employee Benefits	\$7680772
Depreciation and Amortization	\$6609652	Interest Expense	\$0
Bad Debt	\$2316976	Other Expenses	\$58114370
Total Operating Expenses	\$103444794		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$27506518	Total Assets	\$87174138
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-3480786
Total Net Gains	\$27506518		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$263119735	\$221628008	\$41491727
Medicaid	\$67523822	\$51770709	\$15753113
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$172377924	\$104920782	\$67457142
Total	\$503021481	\$378319499	\$124701982

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	\$17225	\$-17225

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$2970151	
HCI Payments	\$0		
Subtotal	\$0	\$2970151	\$-2970151
Medicaid Shortfalls	\$15062181	\$15761633	
Subtotal	\$15062181	\$18731784	\$-3669603
DSH Payments	\$0		
Subtotal	\$15062181	\$18731784	\$-3669603
Medicare Shortfalls	\$40530882	\$47543932	
Other Government Programs	\$0	\$0	
Total	\$55593063	\$66275716	\$-10682653

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	\$-45865	\$279094	\$-324959

Comments

