



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ANTHONY HEALTH (CROWN POINT)

City of Hospital: Crown Point

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$230744637	Contractual Allowance	\$266994505
Outpatient Patient Service Revenue	\$262985933	Other Deductions	\$12946558
Total Gross Patient Service Revenue	\$493730570	Total Deductions	\$279941063

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$213789507
Other Operating Revenue	\$5060360
Total Operating Revenue	\$218849867

4. Operating Expenses

Salaries and Wages	\$74081955	Employee Benefits	\$22314773
Depreciation and Amortization	\$12172957	Interest Expense	\$5731954
Bad Debt	\$7492808	Other Expenses	\$74738527
Total Operating Expenses	\$196532974		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22316893	Total Assets	\$225163003
Net Non-operating Gains over Loss	\$775236	Total Liabilities	\$18342016
Total Net Gains	\$23092129		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$207080709	\$136702943	\$70377766
Medicaid	\$27782985	\$16449003	\$11333982
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$258866876	\$126789117	\$132077759
Total	\$493730570	\$279941063	\$213789507

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$636906	\$17465	\$619441

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	\$27450	\$218074	\$-190624
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$45820	\$-45820

Number of Medical Professionals Trained	2454
Number of Hospital Patients Educated	330956
Number of Citizens Exposed to Health Education Messages	6899

Statement Six: Charity Statement

Hospital Charity Charges	\$11719519
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4379582	
HCI Payments	\$0		
Subtotal	\$0	\$4379582	\$-4379582
Medicaid Shortfalls	\$0	\$4691023	
Subtotal	\$0	\$9070605	\$-9070605
DSH Payments	\$0		
Subtotal	\$0	\$9070605	\$-9070605
Medicare Shortfalls	\$0	\$8302886	
Other Government Programs	\$0	\$654210	
Total	\$0	\$18027701	\$-18027701

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$771319	\$-771319
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$1145171	\$-1145171
Other Allocations	\$0	\$0	\$0