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. ELIZABETH HEALTH (LAFAYETTE EAST)
City of Hospital: Lafayette
Year Begin: 01/01/2010 *(mm/dd/yyyy format)*
Year End: 12/31/2010 *(mm/dd/yyyy format)*
Medicare Provider Number: 150109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$300982188
Outpatient Patient Service Revenue	$310402751
Total Gross Patient Service Revenue	$611384939

2. Deductions From Revenue

Contractual Allowance	$331640651
Other Deductions	$17573606
Total Deductions	$349214257

3. Total Operating Revenue

Net Patient Service Revenue	$262170682
Other Operating Revenue	$9433884
Total Operating Revenue	$271604566

4. Operating Expenses

Salaries and Wages	$53081359	Employee Benefits	$17085527
Depreciation and Amortization	$7660702	Interest Expense	$8271095
Bad Debt	$6126681	Other Expenses	$124102526
Total Operating Expenses	$216327890		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$55276676	Total Assets	$273126200
Net Non-operating Gains over Loss	$-553400	Total Liabilities	$11985252
Total Net Gains	$54723276		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	$202722224	$156828295	$45893929
Medicaid	$70397923	$62951633	$7446290
Other Government	$2906818	$2661458	$245360
Other State	$6050448	$4745428	$1305020
Other Payers	$329307526	$122027443	$207280083
Total	$611384939	$349214257	$262170682

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$20513	$151657	$-131144

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	$176614	$-176614
Hospital Patients	$0	$0	$0
Community Education	$129399	$587281	$-457882

Number of Medical Professionals Trained	126
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	9255

Statement Six: Charity Statement

Hospital Charity Charges	$17538211

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$5998068	
HCI Payments	$0		
Subtotal	$0	$5998068	$-5998068
Medicaid Shortfalls	$7446290	$24076090	
Subtotal	$7446290	$30074158	$-22627868
DSH Payments	$0		
Subtotal	$7446290	$30074158	$-22627868
Medicare Shortfalls	$45893929	$69331001	
Other Government Programs	$1550380	$3063385	
Total	$54890599	$102468544	$-47577945

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	$0	$0	$0