



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. FRANCIS HEALTH (INDIANAPOLIS)

City of Hospital: Indianapolis

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

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

Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$323084710
Outpatient Patient Service Revenue	\$555965178
Total Gross Patient Service Revenue	\$879049888

2. Deductions From Revenue

Contractual Allowance	\$287973447
Other Deductions	\$37780753
Total Deductions	\$325754200

3. Total Operating Revenue

Net Patient Service Revenue	\$553295688
Other Operating Revenue	\$30816727
Total Operating Revenue	\$584112415

4. Operating Expenses

Salaries and Wages	\$70075355	Employee Benefits	\$19680389
Depreciation and Amortization	\$12213699	Interest Expense	\$2538035
Bad Debt	\$-4383038	Other Expenses	\$121024828
Total Operating Expenses	\$221149268		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$362963147	Total Assets	\$381409346
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-23148054
Total Net Gains	\$362963147		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$340073277	\$248263610	\$91809667
Medicaid	\$55466880	\$76014183	\$-20547303
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$483509731	\$1476406	\$482033325
Total	\$879049888	\$325754199	\$553295689

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	\$33943	\$489183	\$-455240

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

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	\$9586064	
HCI Payments	\$0		
Subtotal	\$0	\$9586064	\$-9586064
Medicaid Shortfalls	\$7144128	\$26408287	
Subtotal	\$7144128	\$35994351	\$-28850223
DSH Payments	\$0		
Subtotal	\$7144128	\$35994351	\$-28850223
Medicare Shortfalls	\$68731722	\$85634897	
Other Government Programs	\$0	\$0	
Total	\$75875850	\$121629248	\$-45753398

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$543999	\$1185604	\$-641605
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$30739969	\$34814645	\$-4074676