



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. MARGARET HEALTH (DYER)

City of Hospital: Dyer

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

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

Medicare Provider Number: 15-0090

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$200025262	Contractual Allowance	\$201943519
Outpatient Patient Service Revenue	\$148952808	Other Deductions	\$12377212
Total Gross Patient Service Revenue	\$348978070	Total Deductions	\$214320731

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$134657339
Other Operating Revenue	\$3300962
Total Operating Revenue	\$137958301

4. Operating Expenses

Salaries and Wages	\$50842121	Employee Benefits	\$14046810
Depreciation and Amortization	\$8687885	Interest Expense	\$3006301
Bad Debt	\$5230655	Other Expenses	\$43326534
Total Operating Expenses	\$125140306		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12817995	Total Assets	\$134882678
Net Non-operating Gains over Loss	\$-87638	Total Liabilities	\$46829260
Total Net Gains	\$12730357		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$156192493	\$108862248	\$47330245
Medicaid	\$43896532	\$29872621	\$14023911
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$148889045	\$75585862	\$73303183
Total	\$348978070	\$214320731	\$134657339

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$754690	\$533239	\$221451

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	\$9813	\$1811310	\$-1801497
Hospital Patients	\$0	\$0	\$0
Community Education	\$145	\$42503	\$-42358

Number of Medical Professionals Trained	360
Number of Hospital Patients Educated	168327
Number of Citizens Exposed to Health Education Messages	20089

Statement Six: Charity Statement

Hospital Charity Charges	\$12146936
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4515847	
HCI Payments	\$0		
Subtotal	\$0	\$4515847	\$-4515847
Medicaid Shortfalls	\$7659721	\$13695044	
Subtotal	\$7659721	\$18210891	\$-10551170
DSH Payments	\$0		
Subtotal	\$7659721	\$18210891	\$-10551170
Medicare Shortfalls	\$38911029	\$56625595	
Other Government Programs	\$0	\$0	
Total	\$46570750	\$74836486	\$-28265736

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1186193	\$-1186193
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$30297	\$-30297
Other Allocations	\$0	\$0	\$0