



## 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 (HAMMOND)

City of Hospital: Hammond

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

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

Medicare Provider Number: 15-0004

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$276905209
Outpatient Patient Service Revenue	\$187896235
Total Gross Patient Service Revenue	\$464801444

#### 2. Deductions From Revenue

Contractual Allowance	\$267760145
Other Deductions	\$24475305
Total Deductions	\$292235450

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$172565994
Other Operating Revenue	\$9867711
Total Operating Revenue	\$182433705

#### 4. Operating Expenses

Salaries and Wages	\$78904789	Employee Benefits	\$26677475
Depreciation and Amortization	\$7154638	Interest Expense	\$5288250
Bad Debt	\$10453429	Other Expenses	\$74680096
Total Operating Expenses	\$203158677		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-20724972	Total Assets	\$79563470
Net Non-operating Gains over Loss	\$896243	Total Liabilities	\$26720743
Total Net Gains	\$-19828729		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$219413042	\$131734450	\$87678592
Medicaid	\$107769410	\$73072857	\$34696553
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$137618992	\$87428143	\$50190849
Total	\$464801444	\$292235450	\$172565994

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$708216	\$949995	\$-241779

### 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	\$64946	\$1891084	\$-1826138
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$142363	\$-142363

Number of Medical Professionals Trained	13733
Number of Hospital Patients Educated	156216
Number of Citizens Exposed to Health Education Messages	9746

### Statement Six: Charity Statement

Hospital Charity Charges	\$24275573
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9024892	
HCI Payments	\$0		
Subtotal	\$0	\$9024892	\$-9024892
Medicaid Shortfalls	\$19212755	\$35335388	
Subtotal	\$19212755	\$44360280	\$-25147525
DSH Payments	\$12,500,000		
Subtotal	\$31712755	\$44360280	\$-12647525
Medicare Shortfalls	\$56263698	\$76864330	
Other Government Programs	\$0	\$0	
Total	\$87976453	\$121224610	\$-33248157

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$477117	\$-477117
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$66192	\$-66192
Other Allocations	\$0	\$0	\$0