



## 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:* 01/01/2011 (mm/dd/yyyy format)

*Year End:* 12/31/2011 (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	\$343429659
Outpatient Patient Service Revenue	\$628200733
Total Gross Patient Service Revenue	\$971630392

#### 2. Deductions From Revenue

Contractual Allowance	\$407742472
Other Deductions	\$24744342
Total Deductions	\$432486814

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$539143578
Other Operating Revenue	\$26725701
Total Operating Revenue	\$565869279

#### 4. Operating Expenses

Salaries and Wages	\$75730397	Employee Benefits	\$21549890
Depreciation and Amortization	\$14450351	Interest Expense	\$2159617
Bad Debt	\$10716098	Other Expenses	\$121730176
Total Operating Expenses	\$246336529		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$319532750	Total Assets	\$475694510
Net Non-operating Gains over Loss	\$1540800	Total Liabilities	\$-25802425
Total Net Gains	\$321073550		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$365741121	\$285708490	\$80032631
Medicaid	\$149052363	\$100954963	\$48097400
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$456836908	\$45823362	\$411013546
Total	\$971630392	\$432486815	\$539143577

**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	\$91070	\$2177580	\$-2086510

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	\$11222408	
HCI Payments	\$0		
Subtotal	\$0	\$11222408	\$-11222408
Medicaid Shortfalls	\$16564744	\$35004997	
Subtotal	\$16564744	\$46227405	\$-29662661
DSH Payments	\$0		
Subtotal	\$16564744	\$46227405	\$-29662661
Medicare Shortfalls	\$90454385	\$113876503	
Other Government Programs	\$0	\$0	
Total	\$107019129	\$160103908	\$-53084779

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1134157	\$1463237	\$-329080
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$36240749	\$42375862	\$-6135113