



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN PHYSICIANS HOSPITAL, LLC

City of Hospital: Munster

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Scott Spencer

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Medicare Provider Number: 150165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26915396
Outpatient Patient Service Revenue	\$192164500
Total Gross Patient Service Revenue	\$219079896

2. Deductions From Revenue

Contractual Allowance	\$142882981
Other Deductions	\$200377
Total Deductions	\$143083358

3. Total Operating Revenue

Net Patient Service Revenue	\$75996538
Other Operating Revenue	\$1283803
Total Operating Revenue	\$77280341

4. Operating Expenses

Salaries and Wages	\$21655730	Employee Benefits	\$5444120
Depreciation and Amortization	\$2983023	Interest Expense	\$2141297
Bad Debt	\$3235218	Other Expenses	\$34003220
Total Operating Expenses	\$69462608		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7817733	Total Assets	\$12869187
Net Non-operating Gains over Loss	\$119144	Total Liabilities	\$2503039
Total Net Gains	\$7936877		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$71571243	\$47237020	\$24334223
Medicaid	\$9028630	\$7565992	\$1462638
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$138480023	\$88079969	\$50400054
Total	\$219079896	\$142882981	\$76196915

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	\$11991	\$-11991
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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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	\$200377	
HCI Payments	\$0		
Subtotal	\$0	\$200377	\$-200377
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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

Comments