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--ST. ELIZABETH HEALTH (CRAWFORDSVILLE)

City of Hospital: Crawfordsville

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

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

Person Completing the Report: Jeffrey Deakyne

Email Address: jennifer.higginbottom@franciscanalliance.org

Medicare Provider Number: 150022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$28288897
Outpatient Patient Service Revenue	$95193018
Total Gross Patient Service Revenue	$123481915

2. Deductions From Revenue

Contractual Allowance	$69411156
Other Deductions	$7895229
Total Deductions	$77306385

3. Total Operating Revenue

Net Patient Service Revenue	$46175530
Other Operating Revenue	$2545329
Total Operating Revenue	$48720859

4. Operating Expenses

Salaries and Wages	$11293922	Employee Benefits	$4071786
Depreciation and Amortization	$2648709	Interest Expense	$975205
Bad Debt	$2280417	Other Expenses	$20141181
Total Operating Expenses	$41411220		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$7309639	Total Assets	$60176719
Net Non-operating Gains over Loss	$146641	Total Liabilities	$2545196
Total Net Gains	$7456280		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$63390498	$49744969	$13645529
Medicaid	$13251949	$9728774	$3523175
Other Government	$209832	$260228	$-50396
Other State	$0	$0	$0
Other Payers	$46629636	$17572414	$29057222
Total	$123481915	$77306385	$46175530

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$0	$18991	$-18991

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	$99285	$-99285
Hospital Patients	$0	$0	$0
Community Education	$44115	$379681	$-335566

Number of Medical Professionals Trained	99
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	6237

Statement Six: Charity Statement

Hospital Charity Charges	$7895231

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$2255806	
HCI Payments	$0		
Subtotal	$0	$2255806	$-2255806
Medicaid Shortfalls	$3523175	$5090839	
Subtotal	$3523175	$7346645	$-3823470
DSH Payments	$0		
Subtotal	$3523175	$7346645	$-3823470
Medicare Shortfalls	$13645529	$18111777	
Other Government Programs	$-50396	$59953	
Total	$17118308	$25518375	$-8400067

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	$5454803	$8475823	$-3021020

Comments