



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 (LAFAYETTE EAST)

City of Hospital: Lafayette

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

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

Person Completing the Report: Jeffrey Deakyne

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Medicare Provider Number: 150109

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$344555309
Outpatient Patient Service Revenue	\$371897468
Total Gross Patient Service Revenue	\$716452777

## 2. Deductions From Revenue

Contractual Allowance	\$441657004
Other Deductions	\$39798795
Total Deductions	\$481455799

## 3. Total Operating Revenue

Net Patient Service Revenue	\$234996978
Other Operating Revenue	\$14912970
Total Operating Revenue	\$249909948

## 4. Operating Expenses

Salaries and Wages	\$60362360	Employee Benefits	\$20862578
Depreciation and Amortization	\$14897868	Interest Expense	\$7150065
Bad Debt	\$8210138	Other Expenses	\$107653833
Total Operating Expenses	\$219136842		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$30773106	Total Assets	\$144056686
Net Non-operating Gains over Loss	\$162824	Total Liabilities	\$7733270
Total Net Gains	\$30935930		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$276488185	\$224708013	\$51780172
Medicaid	\$89580752	\$73394002	\$16186750
Other Government	\$5028393	\$3637762	\$1390631
Other State	\$0	\$0	\$0
Other Payers	\$345355447	\$179716022	\$165639425
Total	\$716452777	\$481455799	\$234996978

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$285962	\$-285962

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	\$270962	\$-270962
Hospital Patients	\$0	\$0	\$0
Community Education	\$130650	\$381350	\$-250700

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Number of Medical Professionals Trained	337
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	7555

Statement Six: Charity Statement
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Hospital Charity Charges	\$39798795
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10941910	
HCI Payments	\$0		
Subtotal	\$0	\$10941910	\$-10941910
Medicaid Shortfalls	\$16186750	\$37353833	
Subtotal	\$16186750	\$48295743	\$-32108993
DSH Payments	\$0		
Subtotal	\$16186750	\$48295743	\$-32108993
Medicare Shortfalls	\$51780172	\$76015086	
Other Government Programs	\$1390631	\$1382460	
Total	\$69357553	\$125693289	\$-56335736

Statement Seven: Subsidized Health Services for the Community
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	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	\$8913746	\$14898154	\$-5984408

Comments



