



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. FRANCIS HEALTH (MOORESVILLE)

City of Hospital: MOORESVILLE

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

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

Person Completing the Report: Kelley Foster

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Medicare Provider Number: 15-0057

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

Inpatient Patient Service Revenue	\$126860909
Outpatient Patient Service Revenue	\$180985188
Total Gross Patient Service Revenue	\$307846097

## 2. Deductions From Revenue

Contractual Allowance	\$182801397
Other Deductions	\$16836893
Total Deductions	\$199638290

## 3. Total Operating Revenue

Net Patient Service Revenue	\$108207807
Other Operating Revenue	\$5640165
Total Operating Revenue	\$113847972

## 4. Operating Expenses

Salaries and Wages	\$25664599	Employee Benefits	\$7320859
Depreciation and Amortization	\$4650446	Interest Expense	\$3011520
Bad Debt	\$2819458	Other Expenses	\$46944801
Total Operating Expenses	\$90411683		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23436289	Total Assets	\$87040691
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-5770690
Total Net Gains	\$23436289		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$135682640	\$109113177	\$26569463
Medicaid	\$32041980	\$26810059	\$5231921
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$140121477	\$63715054	\$76406423
Total	\$307846097	\$199638290	\$108207807

## 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	\$0	\$214822	\$-214822

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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
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3781146	
HCI Payments	\$0		
Subtotal	\$0	\$3781146	\$-3781146
Medicaid Shortfalls	\$5595700	\$10689426	
Subtotal	\$5595700	\$14470572	\$-8874872
DSH Payments	\$0		
Subtotal	\$5595700	\$14470572	\$-8874872
Medicare Shortfalls	\$35524539	\$48970987	
Other Government Programs	\$0	\$0	
Total	\$41120239	\$63441559	\$-22321320

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	\$8973183	\$9675718	\$-702535

Comments



