



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 (CARMEL)

City of Hospital: Carmel

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Kelley Foster

Email Address: kelley.foster@franciscanalliance.org

Medicare Provider Number: 15-0182

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--|-------------------|
| Inpatient Patient Service Revenue | \$8642062 |
| Outpatient Patient Service Revenue | \$21933685 |
| Total Gross Patient Service Revenue | \$30575747 |

2. Deductions From Revenue

| | |
|-------------------------|-------------------|
| Contractual Allowance | \$17891648 |
| Other Deductions | \$48312 |
| Total Deductions | \$17939960 |

3. Total Operating Revenue

| | |
|--------------------------------|-------------------|
| Net Patient Service Revenue | \$12635787 |
| Other Operating Revenue | \$739024 |
| Total Operating Revenue | \$13374811 |

4. Operating Expenses

| | | | |
|---------------------------------|-------------------|-------------------|-----------|
| Salaries and Wages | \$2795545 | Employee Benefits | \$577603 |
| Depreciation and Amortization | \$2721190 | Interest Expense | \$69572 |
| Bad Debt | \$274787 | Other Expenses | \$9190188 |
| Total Operating Expenses | \$15628885 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses | \$-2254074 | Total Assets | \$16512608 |
| Net Non-operating Gains over Loss | \$0 | Total Liabilities | \$0 |
| Total Net Gains | \$-2254074 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$15711048 | \$12425113 | \$3285935 |
| Medicaid | \$310060 | \$210059 | \$100001 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$14554638 | \$0 | \$14554638 |
| Total | \$30575746 | \$12635172 | \$17940574 |

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 | \$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 |
|--------------------------|-----|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$352725 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$352725 | \$-352725 |
| Medicaid Shortfalls | \$86027 | \$113024 | |
| Subtotal | \$86027 | \$465749 | \$-379722 |
| DSH Payments | \$0 | | |
| Subtotal | \$86027 | \$465749 | \$-379722 |
| Medicare Shortfalls | \$3753469 | \$5163606 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$3839496 | \$5629355 | \$-1789859 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$16085 | \$29396 | \$-13311 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$-10881 | \$-18133 | \$7252 |

Comments