



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 (INDIANAPOLIS)

City of Hospital: Indianapolis

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

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

Person Completing the Report: Kelley Foster

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Medicare Provider Number: 15-0162

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

Inpatient Patient Service Revenue	\$802247582
Outpatient Patient Service Revenue	\$1132195300
Total Gross Patient Service Revenue	\$1934442882

2. Deductions From Revenue

Contractual Allowance	\$1180053224
Other Deductions	\$65854774
Total Deductions	\$1245907998

3. Total Operating Revenue

Net Patient Service Revenue	\$688534884
Other Operating Revenue	\$33908822
Total Operating Revenue	\$722443706

4. Operating Expenses

Salaries and Wages	\$180346671	Employee Benefits	\$38544722
Depreciation and Amortization	\$34639145	Interest Expense	\$18814794
Bad Debt	\$17384979	Other Expenses	\$294000330
Total Operating Expenses	\$583730641		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$138713065	Total Assets	\$575257581
Net Non-operating Gains over Loss	\$-857933	Total Liabilities	\$-56315456
Total Net Gains	\$137855132		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$873093268	\$690487510	\$182605758
Medicaid	\$212001128	\$143626388	\$68374740
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$849348486	\$411794101	\$437554385
Total	\$1934442882	\$1245907999	\$688534883

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$327556	\$0	\$327556

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1383750	\$-1383750

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1577302	\$3999259	\$-2421957
Hospital Patients	\$0	\$0	\$0
Community Education	\$137306	\$3563941	\$-3426635

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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	\$22315908	
HCI Payments	\$0		
Subtotal	\$0	\$22315908	\$-22315908
Medicaid Shortfalls	\$58820378	\$77278922	
Subtotal	\$58820378	\$99594830	\$-40774452
DSH Payments	\$0		
Subtotal	\$58820378	\$99594830	\$-40774452
Medicare Shortfalls	\$208587535	\$286951532	
Other Government Programs	\$0	\$0	
Total	\$267407913	\$386546362	\$-119138449

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1017677	\$1859776	\$-842099
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-688381	\$-677267	\$-11114

Comments