



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Draft

## I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH DYER  
 City of Hospital: Dyer  
 Year Begin: 01/01/2021 (mm/dd/yyyy format)  
 Year End: 12/31/2021 (mm/dd/yyyy format)  
 Person Completing the Report: Linda Milenkovski  
 Email Address: linda.milenkovski@franciscanalliance.org  
 Medicare Provider Number: 15-0090

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$286170011	Contractual Allowance	\$440713257
Outpatient Patient Service Revenue	\$330115105	Other Deductions	\$13806615
		Total Deductions	\$454519872
Total Gross Patient Service Revenue	\$616285116		

3. Total Operating Revenue	
Net Patient Service Revenue	\$161765244
Other Operating Revenue	\$7076940
Total Operating Revenue	\$168842184

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0

Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0

Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

## 13. Operating Expenses

Salaries and Wages	\$74839535	Employee Benefits	\$19953402
Depreciation and Amortization	\$11409513	Interest Expense	\$3531474
Bad Debt	\$1909872	Other Expenses	\$62742550
Total Operating Expenses	\$174386346		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5544163	Total Assets	\$136983872
Net Non-operating Gains over Loss	\$2564900	Total Liabilities	\$89643209
Total Net Gains	\$-2979263		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$302749628	\$240498791	\$62250837
Medicaid	\$112870363	\$89478287	\$23392076
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$200665125	\$110736180	\$89928945
Total	\$616285116	\$440713258	\$175571858

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$100	\$-100

## 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	\$7846	\$-7846
Hospital Patients	\$0	\$211354	\$-211354
Community Education	\$0	\$1313192	\$-1313192

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	4620
Number of Citizens Exposed to Health Education Messages	10660

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	\$3328792	
HCI Payments	\$0		
Subtotal	\$0	\$3328792	\$-3328792
Medicaid Shortfalls	\$16152266	\$25037675	
Subtotal	\$16152266	\$28366467	\$-12214201
DSH Payments	\$0		
Subtotal	\$16152266	\$28366467	\$-12214201
Medicare Shortfalls	\$10728256	\$13416442	
Other Government Programs	\$0	\$0	
Total	\$26880522	\$41782909	\$-14902387

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	\$81029636	\$117741501	\$-36711865
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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