



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

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN BEACON HOSPITAL

City of Hospital: LaPorte

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Youssef Zaknoun

Email Address: youssef.zaknoun@franciscanalliance.org

Medicare Provider Number: 150191

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

Inpatient Patient Service Revenue	\$306503
Outpatient Patient Service Revenue	\$36022164
Total Gross Patient Service Revenue	\$36328667

2. Deductions From Revenue

Contractual Allowance	\$27840897
Other Deductions	\$0
Total Deductions	\$27840897

3. Total Operating Revenue

Net Patient Service Revenue	\$8487769
Other Operating Revenue	\$3969
Total Operating Revenue	\$8491738

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$38683	9
Medicaid	\$7942	1
Commercial Insurance	\$26684	2
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$73309	12

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$1955817	6582
Medicaid	\$1879119	4214
Commercial Insurance	\$4435083	6033
Self-pay	\$68313	400
Any Other Category of Payer	\$76128	200
Total	\$8414460	17429

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	\$1994500	6591
Medicaid	\$1887061	4215
Commercial Insurance	\$4461767	6035
Self-pay	\$68313	400
Any Other Category of Payer	\$76128	200
Total	\$8487769	17441

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	\$38683	9
Medicaid	\$7942	1
Commercial Insurance	\$26684	2
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$73309	12

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	\$1955817	6582
Medicaid	\$1879119	4214
Commercial Insurance	\$4435083	6033
Self-pay	\$68313	400
Any Other Category of Payer	\$76128	200
Total	\$8414460	17429

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	\$1994500	6591
Medicaid	\$1887061	4215
Commercial Insurance	\$4461767	6035
Self-pay	\$68313	400
Any Other Category of Payer	\$76128	200
Total	\$8487769	17441

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	\$4721489	Employee Benefits	\$581205
Depreciation and Amortization	\$1246080	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$4811912
Total Operating Expenses	\$11360686		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2868948	Total Assets	\$23628695
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$12299361
Total Net Gains	\$-2868948		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$14477250	\$12482751	\$1994499
Medicaid	\$8585481	\$6698420	\$1887061
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13265935	\$8659726	\$4606209
Total	\$36328666	\$27840897	\$8487769

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

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$481994	\$0	
HCI Payments	\$0		
Subtotal	\$481994	\$0	\$481994
Medicaid Shortfalls	\$322903	\$0	
Subtotal	\$804897	\$0	\$804897
DSH Payments	\$0		
Subtotal	\$804897	\$0	\$804897
Medicare Shortfalls	\$1992219	\$0	
Other Government Programs	\$0	\$0	
Total	\$2797116	\$0	\$2797116

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$40300	\$-40300
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments