



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 HEALTHCARE RENSSELAER

City of Hospital: Rensselaer

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

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

Person Completing the Report: Jeffrey Webb

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Medicare Provider Number: 151324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12306491
Outpatient Patient Service Revenue	\$42793282
Total Gross Patient Service Revenue	\$55099773

2. Deductions From Revenue

Contractual Allowance	\$14774896
Other Deductions	\$0
Total Deductions	\$14774896

3. Total Operating Revenue

Net Patient Service Revenue	\$40324877
Other Operating Revenue	\$1216610
Total Operating Revenue	\$41541487

4. Operating Expenses

Salaries and Wages	\$16132315	Employee Benefits	\$3987059
Depreciation and Amortization	\$0	Interest Expense	\$667860
Bad Debt	\$4835816	Other Expenses	\$19872621
Total Operating Expenses	\$45495671		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3954184	Total Assets	\$33290313
Net Non-operating Gains over Loss	\$91717	Total Liabilities	\$25376055
Total Net Gains	\$-3862467		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26108658	\$11487810	\$14620848
Medicaid	\$6093438	\$2132703	\$3960735
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22897677	\$1154383	\$21743294
Total	\$55099773	\$14774896	\$40324877

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	\$52364	\$-52364
Hospital Patients	\$0	\$58659	\$-58659
Community Education	\$0	\$18657	\$-18657

Number of Medical Professionals Trained	16
Number of Hospital Patients Educated	783
Number of Citizens Exposed to Health Education Messages	367

Statement Six: Charity Statement
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Hospital Charity Charges	\$130910
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$68073	
HCI Payments	\$0		
Subtotal	\$0	\$68073	\$-68073
Medicaid Shortfalls	\$658698	\$3168588	
Subtotal	\$658698	\$3236661	\$-2577963
DSH Payments	\$0		
Subtotal	\$658698	\$3236661	\$-2577963
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$658698	\$3236661	\$-2577963

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	\$0	\$0	\$0

Comments