



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. ELIZABETH HEALTH (CRAWFORDSVILLE)

City of Hospital: Crawfordsville

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 150022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33901845
Outpatient Patient Service Revenue	\$119751303
Total Gross Patient Service Revenue	\$153653148

2. Deductions From Revenue

Contractual Allowance	\$94062213
Other Deductions	\$8574750
Total Deductions	\$102636963

3. Total Operating Revenue

Net Patient Service Revenue	\$51016185
Other Operating Revenue	\$1439904
Total Operating Revenue	\$52456089

4. Operating Expenses

Salaries and Wages	\$10624450	Employee Benefits	\$2675916
Depreciation and Amortization	\$2869302	Interest Expense	\$1233939
Bad Debt	\$1575060	Other Expenses	\$23755528
Total Operating Expenses	\$42734195		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$9721894	Total Assets	\$39377816
Net Non-operating Gains over Loss	\$-248397	Total Liabilities	\$374122
Total Net Gains	\$9473497		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$83941960	\$63606507	\$20335453
Medicaid	\$19407949	\$15655630	\$3752319
Other Government	\$540117	\$347651	\$192466
Other State	\$0	\$0	\$0
Other Payers	\$49763122	\$23027175	\$26735947
Total	\$153653148	\$102636963	\$51016185

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$39668	\$-39668

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	\$37098	\$-37098
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$69811	\$-69811

Number of Medical Professionals Trained	28
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	6742

Statement Six: Charity Statement

Hospital Charity Charges	\$8574750
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2160361	
HCI Payments	\$0		
Subtotal	\$0	\$2160361	\$-2160361
Medicaid Shortfalls	\$3752319	\$5896898	
Subtotal	\$3752319	\$8057259	\$-4304940
DSH Payments	\$0		
Subtotal	\$3752319	\$8057259	\$-4304940
Medicare Shortfalls	\$20335453	\$21148711	
Other Government Programs	\$192466	\$136079	
Total	\$24280238	\$29342049	\$-5061811

Statement Seven: Subsidized Health Services for the Community

	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	\$4679428	\$6993001	\$-2313573

Comments