



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. MARGARET HEALTH (DYER)

City of Hospital: Dyer

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

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

Person Completing the Report: Elaine Trapp

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Medicare Provider Number: 15-0090

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$247060040
Outpatient Patient Service Revenue	\$265489150
Total Gross Patient Service Revenue	\$512549190

2. Deductions From Revenue

Contractual Allowance	\$328692926
Other Deductions	\$6868352
Total Deductions	\$335561278

3. Total Operating Revenue

Net Patient Service Revenue	\$176987912
Other Operating Revenue	\$4181343
Total Operating Revenue	\$181169255

4. Operating Expenses

Salaries and Wages	\$63081069	Employee Benefits	\$16591331
Depreciation and Amortization	\$7889234	Interest Expense	\$3756807
Bad Debt	\$2451958	Other Expenses	\$71204486
Total Operating Expenses	\$164974885		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16194370	Total Assets	\$217428090
Net Non-operating Gains over Loss	\$-359427	Total Liabilities	\$58335848
Total Net Gains	\$15834943		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$235482054	\$163836227	\$71645827
Medicaid	\$82777231	\$47919347	\$34857884
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$194289905	\$123805705	\$70484200
Total	\$512549190	\$335561279	\$176987911

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$52564.69	\$13704	\$38860.69

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	\$824793	\$-824793
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$16880	\$-16880

Number of Medical Professionals Trained	423
Number of Hospital Patients Educated	256108
Number of Citizens Exposed to Health Education Messages	13074

Statement Six: Charity Statement

Hospital Charity Charges	\$13223321
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3927136	
HCI Payments	\$0		
Subtotal	\$0	\$3927136	\$-3927136
Medicaid Shortfalls	\$15688992	\$19855788	
Subtotal	\$15688992	\$23782924	\$-8093932
DSH Payments	\$0		
Subtotal	\$15688992	\$23782924	\$-8093932
Medicare Shortfalls	\$47661822	\$65107091	
Other Government Programs	\$0	\$0	
Total	\$63350814	\$88890015	\$-25539201

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$791284	\$-791284
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$29400.68	\$-29400.68
Other Allocations	\$0	\$0	\$0

Comments