



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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 151324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9147940
Outpatient Patient Service Revenue	\$50617181
Total Gross Patient Service Revenue	\$59765121

2. Deductions From Revenue

Contractual Allowance	\$24834094
Other Deductions	\$584996
Total Deductions	\$25419090

3. Total Operating Revenue

Net Patient Service Revenue	\$34346032
Other Operating Revenue	\$443132
Total Operating Revenue	\$34789164

4. Operating Expenses

Salaries and Wages	\$13748670	Employee Benefits	\$4524772
Depreciation and Amortization	\$2336844	Interest Expense	\$835567
Bad Debt	\$2613601	Other Expenses	\$17460471
Total Operating Expenses	\$41519925		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6730761	Total Assets	\$33358311
Net Non-operating Gains over Loss	\$58	Total Liabilities	\$34998130

Total Net Gains	\$-6730703
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30123640	\$13161315	\$16962325
Medicaid	\$9748672	\$6076585	\$3672087
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19892809	\$6181190	\$13711619
Total	\$59765121	\$25419090	\$34346031

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$37460	\$284498	\$-247038

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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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	\$45	\$108376	\$-108331

Number of Medical Professionals Trained	5
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	1407

Statement Six: Charity Statement
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Hospital Charity Charges	\$584996
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$366676	
HCI Payments	\$0		
Subtotal	\$0	\$366676	\$-366676
Medicaid Shortfalls	\$2182709	\$5623407	
Subtotal	\$2182709	\$5990083	\$-3807374
DSH Payments	\$0		
Subtotal	\$2182709	\$5990083	\$-3807374
Medicare Shortfalls	\$16006589	\$22277302	
Other Government Programs	\$0	\$0	
Total	\$18189298	\$28267385	\$-10078087

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	\$106727	\$284425	\$-177698

Comments

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