



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 HEALTH CRAWFORDSVILLE

City of Hospital: Crawfordsville

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

Email Address: david.ostheimer@franciscanalliance.org

Medicare Provider Number: 15022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$34249402
Outpatient Patient Service Revenue	\$173398875
<b>Total Gross Patient Service Revenue</b>	<b>\$207648277</b>

2. Deductions From Revenue

Contractual Allowance	\$140205242
Other Deductions	\$7618518
<b>Total Deductions</b>	<b>\$147823760</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$59824517
Other Operating Revenue	\$742297
<b>Total Operating Revenue</b>	<b>\$60566814</b>

4. Operating Expenses

Salaries and Wages	\$17897188	Employee Benefits	\$4550434
Depreciation and Amortization	\$4221993	Interest Expense	\$1277632
Bad Debt	\$1304850	Other Expenses	\$24948419
<b>Total Operating Expenses</b>	<b>\$54200516</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$6366297	Total Assets	\$41492692
Net Non-operating Gains over Loss	\$11562	Total Liabilities	\$812655
Total Net Gains	\$6377859		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$113550900	\$89378928	\$24171972
Medicaid	\$30127528	\$24088036	\$6039492
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63969849	\$34356796	\$29613053
Total	\$207648277	\$147823760	\$59824517

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$28214	\$-28214

## 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	\$79540	\$-79540
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$160284	\$-160284

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2175

Statement Six: Charity Statement

Hospital Charity Charges	\$7618518
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1731707	
HCI Payments	\$0		
Subtotal	\$0	\$1731707	\$-1731707
Medicaid Shortfalls	\$6301402	\$10505465	
Subtotal	\$6301402	\$12237172	\$-5935770
DSH Payments	\$0		
Subtotal	\$6301402	\$12237172	\$-5935770
Medicare Shortfalls	\$24980193	\$33351572	
Other Government Programs	\$0	\$0	
Total	\$31281595	\$45588744	\$-14307149

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	\$2672385	\$7017837	\$-4345452

Comments

