



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 DYER

City of Hospital: Dyer

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Amy Solomon

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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	\$274913146
Outpatient Patient Service Revenue	\$353287708
Total Gross Patient Service Revenue	\$628200854

2. Deductions From Revenue

Contractual Allowance	\$425612119
Other Deductions	\$19602596
Total Deductions	\$445214715

3. Total Operating Revenue

Net Patient Service Revenue	\$182986139
Other Operating Revenue	\$2016161
Total Operating Revenue	\$185002300

4. Operating Expenses

Salaries and Wages	\$71080778	Employee Benefits	\$20483537
Depreciation and Amortization	\$11985950	Interest Expense	\$3976537
Bad Debt	\$3630590	Other Expenses	\$60468847
Total Operating Expenses	\$171626239		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13376061	Total Assets	\$304601186
Net Non-operating Gains over Loss	\$-333500	Total Liabilities	\$74522980

Total Net Gains	\$13042561
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$297966780	\$225872039	\$72094741
Medicaid	\$88128837	\$60871355	\$27257482
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$242105234	\$138868725	\$103236509
Total	\$628200851	\$425612119	\$202588732

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$8947	\$8370	\$577

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	\$23426	\$-23426
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1579	\$-1579

Number of Medical Professionals Trained	11
Number of Hospital Patients Educated	172765
Number of Citizens Exposed to Health Education Messages	170

Statement Six: Charity Statement

Hospital Charity Charges	\$19209290
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4853333	
HCI Payments	\$0		
Subtotal	\$0	\$4853333	\$-4853333
Medicaid Shortfalls	\$18578810	\$23421359	
Subtotal	\$18578810	\$28274692	\$-9695882
DSH Payments	\$0		
Subtotal	\$18578810	\$28274692	\$-9695882
Medicare Shortfalls	\$56409416	\$73050485	
Other Government Programs	\$0	\$0	
Total	\$74988226	\$101325177	\$-26336951

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$30707	\$-30707
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-14968	\$14968
Other Allocations	\$0	\$0	\$0

Comments

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