



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 INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Ben Laker

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Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$136572345	Contractual Allowance	\$2190335101
Outpatient Patient Service Revenue	\$177118998	Other Deductions	\$73025150
Total Gross Patient Service Revenue	\$313691343	Total Deductions	\$2263360251

3. Total Operating Revenue	
Net Patient Service Revenue	\$873553185
Other Operating Revenue	\$71635027
Total Operating Revenue	\$945188212

4. Operating Expenses	
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Salaries and Wages	\$282934258	Employee Benefits	\$72071026
Depreciation and Amortization	\$43861325	Interest Expense	\$15519254
Bad Debt	\$6703276	Other Expenses	\$377408373
Total Operating Expenses	\$798497512		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$146690700	Total Assets	\$741023842
Net Non-operating Gains over Loss	\$4385313	Total Liabilities	\$-103105717
Total Net Gains	\$151076013		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1506747331	\$1263271476	\$243475855
Medicaid	\$446065182	\$344926609	\$101138573
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1184100923	\$655162166	\$528938757
Total	\$3136913436	\$2263360251	\$873553185

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$400000	\$400000	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$1671869	\$1671869	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2217352	\$3205581	\$-988229
Hospital Patients	\$0	\$0	\$0
Community Education	\$268233	\$5059409	\$-4791176

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$46964570	
HCI Payments	\$0		
Subtotal	\$0	\$46964570	\$-46964570
Medicaid Shortfalls	\$101058119	\$153340994	
Subtotal	\$101058119	\$200305564	\$-99247445
DSH Payments	\$0		

	Subtotal	\$101058119	\$200305564	\$-99247445
Medicare Shortfalls		\$225959654	\$384796754	
Other Government Programs		\$0	\$0	
	Total	\$327017773	\$585102318	\$-258084545

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	\$0	\$0	\$0

Comments

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