



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 CROWN POINT

City of Hospital: Crown Point

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Kendra Schuett

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Medicare Provider Number: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$424472692
Outpatient Patient Service Revenue	\$658291555
Total Gross Patient Service Revenue	\$1082764247

2. Deductions From Revenue

Contractual Allowance	\$735025624
Other Deductions	\$17930910
Total Deductions	\$752956534

3. Total Operating Revenue

Net Patient Service Revenue	\$329807714
Other Operating Revenue	\$12281748
Total Operating Revenue	\$342089462

4. Operating Expenses

Salaries and Wages	\$115677886	Employee Benefits	\$29514998
Depreciation and Amortization	\$29970102	Interest Expense	\$5126788
Bad Debt	\$2643044	Other Expenses	\$128643321
Total Operating Expenses	\$311576139		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$30513322	Total Assets	\$305593165
Net Non-operating Gains over Loss	\$2216425	Total Liabilities	\$49240812
Total Net Gains	\$32729747		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$507947943	\$418808217	\$89139726
Medicaid	\$141880498	\$107468773	\$34411725
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$432935806	\$226679543	\$206256263
Total	\$1082764247	\$752956533	\$329807714

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$400	\$-400

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$118122	\$-118122

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	472488
Number of Citizens Exposed to Health Education Messages	4438

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	\$4734071	
HCI Payments	\$0		
Subtotal	\$0	\$4734071	\$-4734071
Medicaid Shortfalls	\$31619672	\$49998790	
Subtotal	\$31619672	\$54732861	\$-23113189
DSH Payments	\$0		

Subtotal	\$31619672	\$54732861	\$-23113189
Medicare Shortfalls	\$89387945	\$129168713	
Other Government Programs	\$0	\$351581	
Total	\$121007617	\$184253155	\$-63245538

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	\$8613537	\$20468097	\$-11854560
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$926276	\$-926276
Other Allocations	\$0	\$0	\$0

Comments

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