



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:

Year Begin:  (mm/dd/yyyy format)

Year End:  (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	<input type="text" value="\$289584788"/>
Outpatient Patient Service Revenue	<input type="text" value="\$483420000"/>
<b>Total Gross Patient Service Revenue</b>	<b>\$773004788</b>

2. Deductions From Revenue

Contractual Allowance	<input type="text" value="\$496118721"/>
Other Deductions	<input type="text" value="\$17570639"/>
<b>Total Deductions</b>	<b>\$513689360</b>

3. Total Operating Revenue

Net Patient Service Revenue	<input type="text" value="\$259315428"/>
Other Operating Revenue	<input type="text" value="\$6330850"/>
<b>Total Operating Revenue</b>	<b>\$265646278</b>

4. Operating Expenses

Salaries and Wages	<input type="text" value="\$99459002"/>	Employee Benefits	<input type="text" value="\$28360284"/>
Depreciation and Amortization	<input type="text" value="\$19374136"/>	Interest Expense	<input type="text" value="\$8319230"/>
Bad Debt	<input type="text" value="\$4554068"/>	Other Expenses	<input type="text" value="\$94352165"/>
<b>Total Operating Expenses</b>	<b>\$254418885</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$11227391	Total Assets	\$233420980
Net Non-operating Gains over Loss	\$36704	Total Liabilities	\$14449622
Total Net Gains	\$11264095		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$337744343	\$142170424	\$195573919
Medicaid	\$99620665	\$51059162	\$48561503
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$335639780	\$302889135	\$32750645
Total	\$773004788	\$496118721	\$276886067

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$165804	\$0	\$165804

## 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	\$105280	\$-105280
Hospital Patients	\$0	\$0	\$0
Community Education	\$9530	\$547191	\$-537661

Number of Medical Professionals Trained	1008
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Number of Hospital Patients Educated	445313
Number of Citizens Exposed to Health Education Messages	9530

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	\$4995415	
HCI Payments	\$0		
Subtotal	\$0	\$4995415	\$-4995415
Medicaid Shortfalls	\$20150448	\$38155539	
Subtotal	\$20150448	\$43150954	\$-23000506
DSH Payments	\$0		
Subtotal	\$20150448	\$43150954	\$-23000506
Medicare Shortfalls	\$57378421	\$97926330	
Other Government Programs	\$0	\$293103	
Total	\$77528869	\$141370387	\$-63841518

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$7884104	\$16589097	\$-8704993
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$579988	\$-579988
Other Allocations	\$0	\$0	\$0

Comments

