



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 -- ST. FRANCIS HEALTH (CARMEL)

City of Hospital: Carmel

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

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

Person Completing the Report: Tamara Murphy

Email Address: tamara.murphy@franciscanalliance.org

Medicare Provider Number: 15-0182

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$17047781
Outpatient Patient Service Revenue	\$9757176
Total Gross Patient Service Revenue	\$26804957

2. Deductions From Revenue

Contractual Allowance	\$16125895
Other Deductions	\$182906
Total Deductions	\$16308801

3. Total Operating Revenue

Net Patient Service Revenue	\$10496156
Other Operating Revenue	\$650130
Total Operating Revenue	\$11146286

4. Operating Expenses

Salaries and Wages	\$3206891	Employee Benefits	\$925472
Depreciation and Amortization	\$3649779	Interest Expense	\$32652
Bad Debt	\$-28462	Other Expenses	\$7448557
Total Operating Expenses	\$15234889		

5. Net Revenue and Expenses

--	--	--	--

Excess Revenue over Expenses	\$-4088603	Total Assets	\$6861969
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-545619
Total Net Gains	\$-4088603		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$14284034	\$12031564	\$2252470
Medicaid	\$715474	\$548556	\$166918
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$11805449	\$3728681	\$8076768
Total	\$26804957	\$16308801	\$10496156

Statement Three: Donations Statement

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

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	\$0	\$0

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
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$125325	
HCI Payments	\$0		
Subtotal	\$0	\$125325	\$-125325
Medicaid Shortfalls	\$115697	\$448572	
Subtotal	\$115697	\$573897	\$-458200
DSH Payments	\$0		
Subtotal	\$115697	\$573897	\$-458200
Medicare Shortfalls	\$2218798	\$7644267	
Other Government Programs	\$0	\$0	
Total	\$2334495	\$8218164	\$-5883669

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$8456	\$0	\$8456
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-2444	\$41104	\$-43548

Comments

