



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: St. Francis Hospitals & Health Centers (Indianapolis)

City of Hospital: Indianapolis

Year Begin: 01012007

Year End: 12312007

Person Completing the Report: Gary Worth

Email Address: gary.worth@ssfhs.org

Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$147,994,419
Outpatient Patient Service Revenue	\$303,538,361
Total Gross Patient Service Revenue	\$451,532,780

2. Deductions From Revenue

Contractual Allowance	\$221,408,904
Other Deductions	\$19,863,043
Total Deductions	\$241,271,947

3. Total Operating Revenue

Net Patient Service Revenue	\$210,260,833
Other Operating Revenue	\$19,288,007
Total Operating Revenue	\$229,548,840

4. Operating Expenses

Salaries and Wages	\$36,991,875	Employee Benefits	\$11,594,585
Depreciation and Amortization	\$6,602,901	Interest Expense	\$1,503,449
Bad Debt	\$7,821,565	Other Expenses	\$71,695,116
Total Operating Expenses	\$136,209,491		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$93,339,349	Total Assets	\$162,773,976
Net Non-operating Gains over Loss	(\$18,526,093)	Total Liabilities	\$20,504,732
Total Net Gains	\$74,813,256		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient	Contractual	Net Patient
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	Revenue	Allowance	Service Allowance
Medicare	\$216,833,799	\$142,581,880	\$74,251,919
Medicaid	\$56,608,515	\$43,054,494	\$13,554,021
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$178,090,466	\$55,635,573	\$122,454,893
Total	\$451,532,780	\$241,271,947	\$210,260,833

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	\$10,752	\$366,349	(\$355,597)

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from	Less Costs to	Unreimbursed
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	Clients	Hospital	Costs to Hospital
Charity Care	\$0	\$9,878,872	
HCI Payments	\$123,986		
Subtotal	\$123,986	\$9,878,872	(\$9,754,886)
Medicaid Shortfalls	\$13,554,021	\$20,042,331	
Subtotal	\$13,678,007	\$29,921,203	(\$16,243,196)
DSH Payments	\$0		
Subtotal	\$13,678,007	\$29,921,203	(\$16,243,196)
Medicare Shortfalls	\$74,251,919	\$109,796,312	
Other Government Programs	\$0	\$0	
Total	\$87,929,926	\$139,717,515	(\$51,787,589)

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	\$624,711	\$1,047,318	(\$422,607)