



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 (Mooresville)

City of Hospital: Mooresville

Year Begin: 01012007

Year End: 12312007

Person Completing the Report: Gary Worth

Email Address: gary.worth@ssfhs.org

Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$49,969,145
Outpatient Patient Service Revenue	\$55,701,468
Total Gross Patient Service Revenue	\$105,670,613

2. Deductions From Revenue

Contractual Allowance	\$51,206,324
Other Deductions	\$2,660,586
Total Deductions	\$53,866,910

3. Total Operating Revenue

Net Patient Service Revenue	\$51,803,703
Other Operating Revenue	\$3,431,668
Total Operating Revenue	\$55,235,371

4. Operating Expenses

Salaries and Wages	\$11,923,301	Employee Benefits	\$3,747,847
Depreciation and Amortization	\$3,261,960	Interest Expense	\$628,239
Bad Debt	\$1,925,612	Other Expenses	\$27,733,458
Total Operating Expenses	\$49,220,417		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6,014,954	Total Assets	\$57,566,388
Net Non-operating Gains over Loss	(\$4,695,979)	Total Liabilities	\$5,806,739
Total Net Gains	\$1,318,975		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient	Contractual	Net Patient
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	Revenue	Allowance	Service Allowance
Medicare	\$38,941,288	\$25,606,350	\$13,334,938
Medicaid	\$5,894,563	\$4,483,202	\$1,411,361
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$60,834,762	\$23,777,358	\$37,057,404
Total	\$105,670,613	\$53,866,910	\$51,803,703

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	\$86,116	(\$86,116)
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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	\$1,774,151	
HCI Payments	\$123,986		
Subtotal	\$123,986	\$1,774,151	(\$1,650,165)
Medicaid Shortfalls	\$1,411,361	\$2,086,979	
Subtotal	\$1,535,347	\$3,861,130	(\$2,325,783)
DSH Payments	\$0		
Subtotal	\$1,535,347	\$3,861,130	(\$2,325,783)
Medicare Shortfalls	\$13,334,938	\$19,718,373	
Other Government Programs	\$0	\$0	
Total	\$14,870,285	\$23,579,503	(\$8,709,218)

Statement Seven: Subsidized Health Services for the Community

	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	\$5,402,652	\$1,881,856	\$3,520,796