



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ELIZABETH HEALTH (CRAWFORDSVILLE)

City of Hospital: Crawfordsville

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 150022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$35575992
Outpatient Patient Service Revenue	\$78903776
Total Gross Patient Service Revenue	\$114479768

2. Deductions From Revenue

Contractual Allowance	\$59228413
Other Deductions	\$7319580
Total Deductions	\$66547993

3. Total Operating Revenue

Net Patient Service Revenue	\$47931775
Other Operating Revenue	\$907041
Total Operating Revenue	\$48838816

4. Operating Expenses

Salaries and Wages	\$12401795	Employee Benefits	\$3856551
Depreciation and Amortization	\$2360826	Interest Expense	\$1954261
Bad Debt	\$1983836	Other Expenses	\$18383472
Total Operating Expenses	\$40940741		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7898075	Total Assets	\$41791436
Net Non-operating Gains over Loss	\$95227	Total Liabilities	\$2445253
Total Net Gains	\$7993302		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$52858620	\$38527512	\$14331108
Medicaid	\$12697406	\$11133766	\$1563640
Other Government	\$385531	\$299458	\$86073
Other State	\$0	\$0	\$0
Other Payers	\$48538211	\$16587257	\$31950954
Total	\$114479768	\$66547993	\$47931775

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$77438	\$-77438

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	\$265615	\$-265615
Hospital Patients	\$0	\$0	\$0
Community Education	\$66339	\$231237	\$-164898

Number of Medical Professionals Trained	229
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	3479

Statement Six: Charity Statement

Hospital Charity Charges	\$7429496
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2481552	
HCI Payments	\$0		
Subtotal	\$0	\$2481552	\$-2481552
Medicaid Shortfalls	\$1563640	\$4241105	
Subtotal	\$1563640	\$6722657	\$-5159017
DSH Payments	\$0		
Subtotal	\$1563640	\$6722657	\$-5159017
Medicare Shortfalls	\$14331108	\$17655492	
Other Government Programs	\$86073	\$128773	
Total	\$15980821	\$24506922	\$-8526101

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$81046	\$156248	\$-75202
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0