



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 (LAFAYETTE CENTRAL)

City of Hospital: Lafayette

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

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

Medicare Provider Number: 150003

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$66555865	Contractual Allowance	\$120812123
Outpatient Patient Service Revenue	\$84959459	Other Deductions	\$8606129
Total Gross Patient Service Revenue	\$151515324	Total Deductions	\$129418252

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$22097072
Other Operating Revenue	\$7526057
Total Operating Revenue	\$29623129

4. Operating Expenses

Salaries and Wages	\$37110955	Employee Benefits	\$12499567
Depreciation and Amortization	\$5096240	Interest Expense	\$0
Bad Debt	\$2976638	Other Expenses	\$17955571
Total Operating Expenses	\$75638971		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-46015842	Total Assets	\$56329125
Net Non-operating Gains over Loss	\$934083	Total Liabilities	\$36462315
Total Net Gains	\$-45081759		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$88655688	\$63047440	\$25608248
Medicaid	\$27268559	\$22727889	\$4540670
Other Government	\$729881	\$686508	\$43373
Other State	\$3575356	\$2722800	\$852556
Other Payers	\$31285840	\$40233615	\$-8947775
Total	\$151515324	\$129418252	\$22097072

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$20513	\$151657	\$-131144

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	\$2791678	\$3867402	\$-1075724
Hospital Patients	\$0	\$0	\$0
Community Education	\$129399	\$587281	\$-457882

Number of Medical Professionals Trained	366
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	9255

Statement Six: Charity Statement

Hospital Charity Charges	\$8565054
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2929248	
HCI Payments	\$0		
Subtotal	\$0	\$2929248	\$-2929248
Medicaid Shortfalls	\$4540670	\$9325847	
Subtotal	\$4540670	\$12255095	\$-7714425
DSH Payments	\$0		
Subtotal	\$4540670	\$12255095	\$-7714425
Medicare Shortfalls	\$25608248	\$30320245	
Other Government Programs	\$895929	\$1472391	
Total	\$31044847	\$44047731	\$-13002884

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	\$0	\$0	\$0