



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. FRANCIS HEALTH (MOORESVILLE)

City of Hospital: Mooresville

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

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

Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$105032707
Outpatient Patient Service Revenue	\$129487841
Total Gross Patient Service Revenue	\$234520548

2. Deductions From Revenue

Contractual Allowance	\$120237305
Other Deductions	\$12730596
Total Deductions	\$132967901

3. Total Operating Revenue

Net Patient Service Revenue	\$101552647
Other Operating Revenue	\$5082474
Total Operating Revenue	\$106635121

4. Operating Expenses

Salaries and Wages	\$19562347	Employee Benefits	\$5703526
Depreciation and Amortization	\$4685616	Interest Expense	\$2455080
Bad Debt	\$-1159650	Other Expenses	\$39748678
Total Operating Expenses	\$70995597		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$35639524	Total Assets	\$101318847
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-7004589
Total Net Gains	\$35639524		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$91507816	\$66803428	\$24704388
Medicaid	\$12313788	\$16875341	\$-4561553
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$130698944	\$49289132	\$81409812
Total	\$234520548	\$132967901	\$101552647

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	\$185167	\$-185167

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 Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2557453	
HCI Payments	\$0		
Subtotal	\$0	\$2557453	\$-2557453
Medicaid Shortfalls	\$1586015	\$5862707	
Subtotal	\$1586015	\$8420160	\$-6834145
DSH Payments	\$0		
Subtotal	\$1586015	\$8420160	\$-6834145
Medicare Shortfalls	\$18494513	\$23042864	
Other Government Programs	\$0	\$0	
Total	\$20080528	\$31463024	\$-11382496

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	\$8201075	\$11176553	\$-2975478