



## 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:* 01/01/2011 (mm/dd/yyyy format)

*Year End:* 12/31/2011 (mm/dd/yyyy format)

*Medicare Provider Number:* 150022

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$31388095
Outpatient Patient Service Revenue	\$83881987
Total Gross Patient Service Revenue	\$115270082

#### 2. Deductions From Revenue

Contractual Allowance	\$59898689
Other Deductions	\$6905439
Total Deductions	\$66804128

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$48465954
Other Operating Revenue	\$1002508
Total Operating Revenue	\$49468462

#### 4. Operating Expenses

Salaries and Wages	\$11616510	Employee Benefits	\$3545484
Depreciation and Amortization	\$2427612	Interest Expense	\$1834944
Bad Debt	\$2577476	Other Expenses	\$18878846
Total Operating Expenses	\$40880872		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8587590	Total Assets	\$41345364
Net Non-operating Gains over Loss	\$56366	Total Liabilities	\$1322997
Total Net Gains	\$8643956		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$54374073	\$37843197	\$16530876
Medicaid	\$11834366	\$10561085	\$1273281
Other Government	\$509946	\$430532	\$79414
Other State	\$0	\$0	\$0
Other Payers	\$48551697	\$17969314	\$30582383
Total	\$115270082	\$66804128	\$48465954

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$49799	\$-49799

**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	\$144305	\$-144305
Hospital Patients	\$0	\$0	\$0
Community Education	\$25734	\$314726	\$-288992

Number of Medical Professionals Trained	161
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	5117

**Statement Six: Charity Statement**

Hospital Charity Charges	\$6975310
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2257924	
HCI Payments	\$0		
Subtotal	\$0	\$2257924	\$-2257924
Medicaid Shortfalls	\$1273281	\$3830811	
Subtotal	\$1273281	\$6088735	\$-4815454
DSH Payments	\$0		
Subtotal	\$1273281	\$6088735	\$-4815454
Medicare Shortfalls	\$16488505	\$17601012	
Other Government Programs	\$79414	\$165071	
Total	\$17841200	\$23854818	\$-6013618

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$20794	\$164169	\$-143375
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0