



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 EAST)

City of Hospital: Lafayette

Year Begin: 01/01/2011 (mm/dd/yyyy format)

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

Medicare Provider Number: 150109

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$344220105	Contractual Allowance	\$397570167
Outpatient Patient Service Revenue	\$344105973	Other Deductions	\$21292964
Total Gross Patient Service Revenue	\$688326078	Total Deductions	\$418863131

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$269462947
Other Operating Revenue	\$10678395
Total Operating Revenue	\$280141342

4. Operating Expenses

Salaries and Wages	\$61512251	Employee Benefits	\$17440748
Depreciation and Amortization	\$9722959	Interest Expense	\$9709168
Bad Debt	\$7937487	Other Expenses	\$109970254
Total Operating Expenses	\$216292867		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$63848475	Total Assets	\$267948085
Net Non-operating Gains over Loss	\$-1401193	Total Liabilities	\$10932590
Total Net Gains	\$62447282		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$243993146	\$192370627	\$51622519
Medicaid	\$75569562	\$66025771	\$9543791
Other Government	\$4087770	\$3666367	\$421403
Other State	\$5935703	\$5664361	\$271342
Other Payers	\$358739897	\$129843041	\$228896856
Total	\$688326078	\$397570167	\$290755911

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$460380	\$-460380

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	\$203375	\$-203375
Hospital Patients	\$0	\$0	\$0
Community Education	\$148912	\$492554	\$-343642

Number of Medical Professionals Trained	139
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	11031

Statement Six: Charity Statement

Hospital Charity Charges	\$21251329
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6964061	
HCI Payments	\$0		
Subtotal	\$0	\$6964061	\$-6964061
Medicaid Shortfalls	\$9543791	\$24764145	
Subtotal	\$9543791	\$31728206	\$-22184415
DSH Payments	\$0		
Subtotal	\$9543791	\$31728206	\$-22184415
Medicare Shortfalls	\$51622519	\$79956554	
Other Government Programs	\$692745	\$3284692	
Total	\$61859055	\$114969452	\$-53110397

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