



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

Year End: 12/31/2011 (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	\$122040758
Outpatient Patient Service Revenue	\$145198997
Total Gross Patient Service Revenue	\$267239755

2. Deductions From Revenue

Contractual Allowance	\$146770295
Other Deductions	\$8965069
Total Deductions	\$155735364

3. Total Operating Revenue

Net Patient Service Revenue	\$111504391
Other Operating Revenue	\$4545678
Total Operating Revenue	\$116050069

4. Operating Expenses

Salaries and Wages	\$20806152	Employee Benefits	\$6140075
Depreciation and Amortization	\$4368554	Interest Expense	\$2578548
Bad Debt	\$3374546	Other Expenses	\$40005723
Total Operating Expenses	\$77273598		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38776471	Total Assets	\$95213411
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-7919409
Total Net Gains	\$38776471		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$103751819	\$81048517	\$22703302
Medicaid	\$32443896	\$21974642	\$10469254
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$131044040	\$52712205	\$78331835
Total	\$267239755	\$155735364	\$111504391

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	\$197902	\$-197902

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	\$3086640	
HCI Payments	\$0		
Subtotal	\$0	\$3086640	\$-3086640
Medicaid Shortfalls	\$3605611	\$7619460	
Subtotal	\$3605611	\$10706100	\$-7100489
DSH Payments	\$0		
Subtotal	\$3605611	\$10706100	\$-7100489
Medicare Shortfalls	\$25659699	\$32303981	
Other Government Programs	\$0	\$0	
Total	\$29265310	\$43010081	\$-13744771

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	\$9967750	\$13292935	\$-3325185