



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ANTHONY HEALTH (CROWN POINT)

City of Hospital: Crown Point

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Kendra Schuett

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Medicare Provider Number: 150126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$247089356
Outpatient Patient Service Revenue	\$326896146
<b>Total Gross Patient Service Revenue</b>	<b>\$573985502</b>

2. Deductions From Revenue

Contractual Allowance	\$318532987
Other Deductions	\$19450030
<b>Total Deductions</b>	<b>\$337983017</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$236002484
Other Operating Revenue	\$6635862
<b>Total Operating Revenue</b>	<b>\$242638346</b>

4. Operating Expenses

Salaries and Wages	\$75543771	Employee Benefits	\$17799251
Depreciation and Amortization	\$14392511	Interest Expense	\$8579304
Bad Debt	\$9301375	Other Expenses	\$101189962
<b>Total Operating Expenses</b>	<b>\$226806174</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15832172	Total Assets	\$224562375
Net Non-operating Gains over Loss	\$-74038	Total Liabilities	\$22750322
Total Net Gains	\$15758134		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$252441601	\$27082392	\$225359209
Medicaid	\$46093240	\$174683767	\$-128590527
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$275450661	\$116766828	\$158683833
Total	\$573985502	\$318532987	\$255452515

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$31	\$7640	\$-7609

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	\$278967	\$-278967
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$178936	\$-178936

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Number of Medical Professionals Trained	1474
Number of Hospital Patients Educated	355985
Number of Citizens Exposed to Health Education Messages	4965

Statement Six: Charity Statement

Hospital Charity Charges	\$18876072
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6373121	
HCI Payments	\$0		
Subtotal	\$0	\$6373121	\$-6373121
Medicaid Shortfalls	\$3112986	\$10078849	
Subtotal	\$3112986	\$16451970	\$-13338984
DSH Payments	\$0		
Subtotal	\$3112986	\$16451970	\$-13338984
Medicare Shortfalls	\$54853437	\$81149289	
Other Government Programs	\$0	\$672674	
Total	\$57966423	\$98273933	\$-40307510

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3866811	\$8083660	\$-4216849
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$1066508	\$-1066508
Other Allocations	\$0	\$0	\$0

Comments