



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. FRANCIS HEALTH (MOORESVILLE)

City of Hospital: Mooresville

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

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

Person Completing the Report: Kelley Foster

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Medicare Provider Number: 15-0057

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$110893905
Outpatient Patient Service Revenue	\$209285957
Total Gross Patient Service Revenue	\$320179862

2. Deductions From Revenue

Contractual Allowance	\$190851460
Other Deductions	\$18481106
Total Deductions	\$209332566

3. Total Operating Revenue

Net Patient Service Revenue	\$110847296
Other Operating Revenue	\$4964392
Total Operating Revenue	\$115811688

4. Operating Expenses

Salaries and Wages	\$23856434	Employee Benefits	\$4754448
Depreciation and Amortization	\$5264035	Interest Expense	\$4225474
Bad Debt	\$2877480	Other Expenses	\$46312120
Total Operating Expenses	\$87289991		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$28521697	Total Assets	\$83594021
Net Non-operating Gains over Loss	\$110	Total Liabilities	\$-4771982
Total Net Gains	\$28521807		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$154756450	\$122389439	\$32367011
Medicaid	\$32824725	\$22238074	\$10586651
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$132598687	\$64705053	\$67893634
Total	\$320179862	\$209332566	\$110847296

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	\$162690	\$-162690

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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	\$3693624	
HCI Payments	\$0		
Subtotal	\$0	\$3693624	\$-3693624
Medicaid Shortfalls	\$9107323	\$11965311	
Subtotal	\$9107323	\$15658935	\$-6551612
DSH Payments	\$0		
Subtotal	\$9107323	\$15658935	\$-6551612
Medicare Shortfalls	\$36972300	\$50862378	
Other Government Programs	\$0	\$0	
Total	\$46079623	\$66521313	\$-20441690

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	\$-113938	\$-101277	\$-12661

Comments