



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. MARGARET HEALTH (DYER)

City of Hospital: Dyer

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

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

Person Completing the Report: Elaine Trapp

Email Address: elaine.trapp@franciscanalliance.org

Medicare Provider Number: 15-0090

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

Inpatient Patient Service Revenue	\$227664608
Outpatient Patient Service Revenue	\$234872122
Total Gross Patient Service Revenue	\$462536730

2. Deductions From Revenue

Contractual Allowance	\$289879084
Other Deductions	\$7190397
Total Deductions	\$297069481

3. Total Operating Revenue

Net Patient Service Revenue	\$165467249
Other Operating Revenue	\$4478339
Total Operating Revenue	\$169945588

4. Operating Expenses

Salaries and Wages	\$64084389	Employee Benefits	\$14944055
Depreciation and Amortization	\$7427199	Interest Expense	\$3442473
Bad Debt	\$6238071	Other Expenses	\$69294236
Total Operating Expenses	\$165430423		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4515165	Total Assets	\$201965708
Net Non-operating Gains over Loss	\$32651	Total Liabilities	\$57480487
Total Net Gains	\$4547816		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$207900796	\$153301088	\$54599708
Medicaid	\$63566736	\$28292456	\$35274280
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$191069199	\$115475938	\$75593261
Total	\$462536731	\$297069482	\$165467249

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$10162	\$9076	\$1086

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	\$588867	\$-588867
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$13817	\$-13817

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Number of Medical Professionals Trained	513
Number of Hospital Patients Educated	258491
Number of Citizens Exposed to Health Education Messages	7873

Statement Six: Charity Statement

Hospital Charity Charges	\$18684307
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5557999	
HCI Payments	\$0		
Subtotal	\$0	\$5557999	\$-5557999
Medicaid Shortfalls	\$9767620	\$14459120	
Subtotal	\$9767620	\$20017119	\$-10249499
DSH Payments	\$0		
Subtotal	\$9767620	\$20017119	\$-10249499
Medicare Shortfalls	\$44146902	\$59164616	
Other Government Programs	\$0	\$0	
Total	\$53914522	\$79181735	\$-25267213

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$746959	\$-746959
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$22066	\$-22066
Other Allocations	\$0	\$0	\$0

Comments