

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

|  |   |
|--|---|
| <b>Name of the organization</b><br>FRANCISCAN ALLIANCE, INC. | <b>Employer identification number</b><br>35-1330472 |
|--|---|

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .  | X   |    |
| <b>1b</b> If "Yes," was it a written policy? . . . . .   | X   |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |     |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  |     |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  | X   |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %               | X   |    |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.   |     |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  | X   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | X   |    |
| <b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .   | X   |    |
| <b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .   |     | X  |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .   | X   |    |
| <b>6b</b> If "Yes," did the organization make it available to the public? . . . . .  | X   |    |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| <b>Financial Assistance and Means-Tested Government Programs</b>   | <b>(a) Number of activities or programs (optional)</b> | <b>(b) Persons served (optional)</b> | <b>(c) Total community benefit expense</b> | <b>(d) Direct offsetting revenue</b> | <b>(e) Net community benefit expense</b> | <b>(f) Percent of total expense</b> |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .   |  |                                      | 83,775,331.                                |                                      | 83,775,331.                              | 3.41                                |
| <b>b</b> Medicaid (from Worksheet 3, column a) . . . . .   |  |                                      | 296,128,038.                               | 203,591,263.                         | 92,536,775.                              | 3.76                                |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |  |                                      | 4,134,629.                                 |                                      | 4,134,629.                               | .17                                 |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                           |  |                                      | 384,037,998.                               | 203,591,263.                         | 180,446,735.                             | 7.34                                |
| <b>Other Benefits</b>  |  |                                      |  |                                      |  |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |  |                                      | 5,661,823.                                 | 415,818.                             | 5,246,005.                               | .21                                 |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .   |  |                                      | 20,488,220.                                | 6,138,967.                           | 14,349,253.                              | .58                                 |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .   |  |                                      | 156,906,845.                               | 122,999,373.                         | 33,907,472.                              | 1.38                                |
| <b>h</b> Research (from Worksheet 7) . . . . .   |  |                                      | 937,183.                                   |                                      | 937,183.                                 | .04                                 |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |  |                                      | 3,134,298.                                 | 4,764.                               | 3,129,534.                               | .13                                 |
| <b>j Total</b> Other Benefits . . . . .  |  |                                      | 187,128,369.                               | 129,558,922.                         | 57,569,447.                              | 2.34                                |
| <b>k Total.</b> Add lines 7d and 7j. . . . .   |  |                                      | 571,166,367.                               | 333,150,185.                         | 238,016,182.                             | 9.68                                |

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| 2 Economic development                                      |   |                               |                                      |                               |                                    |                              |
| 3 Community support   |   |                               | 75,562.                              |                               | 75,562.                            |                              |
| 4 Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5 Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6 Coalition building  |   |                               | 50,615.                              |                               | 50,615.                            |                              |
| 7 Community health improvement advocacy                     |   |                               | 49,914.                              | 44.                           | 49,870.                            |                              |
| 8 Workforce development                                     |   |                               | 4,127,565.                           | 3,448,987.                    | 678,578.                           | .03                          |
| 9 Other   |   |                               | 34,931.                              |                               | 34,931.                            |                              |
| 10 Total  |   |                               | 4,338,587.                           | 3,449,031.                    | 889,556.                           | .03                          |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|   | Yes | No |
|---|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .   | X   |    |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .   |     |    |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . . |     |    |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |     |    |

**Section B. Medicare**

|   |   |               |
|---|---|---------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .  | 5 | 443,986,213.  |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .   | 6 | 694,725,141.  |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .   | 7 | -250,738,928. |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |               |

**Section C. Collection Practices**

|   |    |   |  |
|---|----|---|--|
| 9a Did the organization have a written debt collection policy during the tax year? . . . . .  | 9a | X |  |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . . | 9b | X |  |

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 SEE PART VI      |   |  |  |   |
| 2                  |   |  |  |   |
| 3                  |   |  |  |   |
| 4                  |   |  |  |   |
| 5                  |   |  |  |   |
| 6                  |   |  |  |   |
| 7                  |   |  |  |   |
| 8                  |   |  |  |   |
| 9                  |   |  |  |   |
| 10                 |   |  |  |   |
| 11                 |   |  |  |   |
| 12                 |   |  |  |   |
| 13                 |   |  |  |   |

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 14

Name, address, and primary website address

|  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| <b>1</b> FRANCISCAN ST FRANCIS HEALTH -<br>INDIANAPOLIS, 8111 SOUTH EMERSON AVENUE<br>INDIANAPOLIS IN 46217<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS  | X                 | X                          |                     | X                 |                          |                   | X           | X        |                  | A                        |
| <b>2</b> FRANCISCAN ST ANTHONY HEALTH -<br>CROWN POINT, 1201 SOUTH MAIN STREET<br>CROWN POINT IN 46307<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS       | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| <b>3</b> FRANCISCAN ST JAMES HEALTH -<br>CHICAGO HEIGHTS, 1423 CHICAGO ROAD<br>CHICAGO HEIGHTS IL 60411<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS      | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | B                        |
| <b>4</b> FRANCISCAN ST MARGARET HEALTH -<br>HAMMOND, 5454 HOHMAN AVENUE<br>HAMMOND IN 46320<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS                  | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
| <b>5</b> FRANCISCAN ST MARGARET HEALTH -<br>DYER, 24 JOLIET STREET<br>DYER IN 46311<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS                          | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
| <b>6</b> FRANCISCAN ST ELIZABETH HEALTH -<br>LAFAYETTE, 1701 S CREASY LANE<br>LAFAYETTE IN 47905<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS             | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| <b>7</b> FRANCISCAN ST ANTHONY HEALTH -<br>MICHIGAN CITY, 301 W HOMER STREET<br>MICHIGAN CITY IN 46360<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS       | X                 | X                          |                     |                   |                          |                   | X           | X        |                  | A                        |
| <b>8</b> FRANCISCAN ST JAMES HEALTH -<br>OLYMPIA FIELDS, 20201 SOUTH CRAWFORD AVE<br>OLYMPIA FIELDS IL 60461<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | B                        |
| <b>9</b> FRANCISCAN ST FRANCIS HEALTH -<br>MOORESVILLE, 1201 HADLEY ROAD<br>MOORESVILLE IN 46158<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS             | X                 | X                          |                     | X                 |                          |                   | X           |          |                  | A                        |
| <b>10</b> FRANCISCAN ST ELIZABETH HEALTH -<br>LAFAYETTE CENTRAL, 1501 HARTFORD STREET<br>LAFAYETTE IN 47904<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS  | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| <b>11</b> FRANCISCAN ST ELIZABETH HEALTH -<br>CRAWFORDSVILLE, 1710 LAFAYETTE ROAD<br>CRAWFORDSVILLE IN 47933<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| <b>12</b> FRANCISCAN HEALTHCARE - MUNSTER<br>701 SUPERIOD STREET<br>MUNSTER IN 46321<br>WWW.FRANCISCANALLIANCE.ORG/HOSPITALS                         | X                 | X                          |                     |                   |                          |                   |             |          |                  | A                        |



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group FACILITY REPORTING GROUP A

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) \_\_\_\_\_

|  |   | Yes       | No |
|--|---|-----------|----|
| <b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012) |   |           |    |
| <b>1</b>   | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):  | <b>1</b>  | X  |
| <b>a</b>   | <input type="checkbox"/> A definition of the community served by the hospital facility  |           |    |
| <b>b</b>   | <input type="checkbox"/> Demographics of the community  |           |    |
| <b>c</b>   | <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |           |    |
| <b>d</b>   | <input type="checkbox"/> How data was obtained  |           |    |
| <b>e</b>   | <input type="checkbox"/> The health needs of the community  |           |    |
| <b>f</b>   | <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |           |    |
| <b>g</b>   | <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |           |    |
| <b>h</b>   | <input type="checkbox"/> The process for consulting with persons representing the community's interests   |           |    |
| <b>i</b>   | <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs   |           |    |
| <b>j</b>   | <input type="checkbox"/> Other (describe in Part VI)  |           |    |
| <b>2</b>   | Indicate the tax year the hospital facility last conducted a CHNA: 20 ___   |           |    |
| <b>3</b>   | In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted, . . . . . | <b>3</b>  |    |
| <b>4</b>   | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .  | <b>4</b>  |    |
| <b>5</b>   | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):  | <b>5</b>  |    |
| <b>a</b>   | <input type="checkbox"/> Hospital facility's website  |           |    |
| <b>b</b>   | <input type="checkbox"/> Available upon request from the hospital facility  |           |    |
| <b>c</b>   | <input type="checkbox"/> Other (describe in Part VI)  |           |    |
| <b>6</b>   | If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):   |           |    |
| <b>a</b>   | <input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA   |           |    |
| <b>b</b>   | <input type="checkbox"/> Execution of the implementation strategy   |           |    |
| <b>c</b>   | <input type="checkbox"/> Participation in the development of a community-wide plan  |           |    |
| <b>d</b>   | <input type="checkbox"/> Participation in the execution of a community-wide plan  |           |    |
| <b>e</b>   | <input type="checkbox"/> Inclusion of a community benefit section in operational plans  |           |    |
| <b>f</b>   | <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA   |           |    |
| <b>g</b>   | <input type="checkbox"/> Prioritization of health needs in its community  |           |    |
| <b>h</b>   | <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community   |           |    |
| <b>i</b>   | <input type="checkbox"/> Other (describe in Part VI)  |           |    |
| <b>7</b>   | Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . .   | <b>7</b>  |    |
| <b>8a</b>  | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .   | <b>8a</b> |    |
| <b>b</b>   | If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>8b</b> |    |
| <b>c</b>   | If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |           |    |

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group FACILITY REPORTING GROUP B

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) \_\_\_\_\_

|  |   | Yes | No |
|--|---|-----|----|
| <b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012) |   |     |    |
| <b>1</b>   | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):  |     | X  |
| <b>a</b>   | <input type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| <b>b</b>   | <input type="checkbox"/> Demographics of the community  |     |    |
| <b>c</b>   | <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| <b>d</b>   | <input type="checkbox"/> How data was obtained  |     |    |
| <b>e</b>   | <input type="checkbox"/> The health needs of the community  |     |    |
| <b>f</b>   | <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| <b>g</b>   | <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| <b>h</b>   | <input type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| <b>i</b>   | <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs   |     |    |
| <b>j</b>   | <input type="checkbox"/> Other (describe in Part VI)  |     |    |
| <b>2</b>   | Indicate the tax year the hospital facility last conducted a CHNA: 20 ___   |     |    |
| <b>3</b>   | In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted, . . . . . |     |    |
| <b>4</b>   | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .  |     |    |
| <b>5</b>   | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):  |     |    |
| <b>a</b>   | <input type="checkbox"/> Hospital facility's website  |     |    |
| <b>b</b>   | <input type="checkbox"/> Available upon request from the hospital facility  |     |    |
| <b>c</b>   | <input type="checkbox"/> Other (describe in Part VI)  |     |    |
| <b>6</b>   | If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):   |     |    |
| <b>a</b>   | <input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA   |     |    |
| <b>b</b>   | <input type="checkbox"/> Execution of the implementation strategy   |     |    |
| <b>c</b>   | <input type="checkbox"/> Participation in the development of a community-wide plan  |     |    |
| <b>d</b>   | <input type="checkbox"/> Participation in the execution of a community-wide plan  |     |    |
| <b>e</b>   | <input type="checkbox"/> Inclusion of a community benefit section in operational plans  |     |    |
| <b>f</b>   | <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA   |     |    |
| <b>g</b>   | <input type="checkbox"/> Prioritization of health needs in its community  |     |    |
| <b>h</b>   | <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community   |     |    |
| <b>i</b>   | <input type="checkbox"/> Other (describe in Part VI)  |     |    |
| <b>7</b>   | Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . .   |     |    |
| <b>8a</b>  | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .   |     |    |
| <b>8b</b>  | If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |     |    |
| <b>c</b>   | If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |     |    |

**Part V Facility Information (continued)**

| <b>Financial Assistance Policy</b> FACILITY REPORTING GROUP A   |  | Yes       | No |
|---|--|-----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: |  |           |    |
| <b>9</b>  | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .   | <b>9</b>  | X  |
| <b>10</b>   | Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  2  </u> <u>  0  </u> <u>  0  </u> %<br>If "No," explain in Part VI the criteria the hospital facility used. | <b>10</b> | X  |
| <b>11</b>   | Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>  3  </u> <u>  0  </u> <u>  0  </u> %<br>If "No," explain in Part VI the criteria the hospital facility used.                  | <b>11</b> | X  |
| <b>12</b>   | Explained the basis for calculating amounts charged to patients? . . . . .<br>If "Yes," indicate the factors used in determining such amounts (check all that apply):  | <b>12</b> | X  |
| <b>a</b>  | <input checked="" type="checkbox"/> Income level   |           |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Asset level  |           |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Medical indigency  |           |    |
| <b>d</b>  | <input type="checkbox"/> Insurance status  |           |    |
| <b>e</b>  | <input checked="" type="checkbox"/> Uninsured discount   |           |    |
| <b>f</b>  | <input type="checkbox"/> Medicaid/Medicare   |           |    |
| <b>g</b>  | <input type="checkbox"/> State regulation  |           |    |
| <b>h</b>  | <input type="checkbox"/> Other (describe in Part VI)   |           |    |
| <b>13</b>   | Explained the method for applying for financial assistance? . . . . .  | <b>13</b> | X  |
| <b>14</b>   | Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  | <b>14</b> | X  |
| <b>a</b>  | <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website   |           |    |
| <b>b</b>  | <input type="checkbox"/> The policy was attached to billing invoices   |           |    |
| <b>c</b>  | <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms   |           |    |
| <b>d</b>  | <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices   |           |    |
| <b>e</b>  | <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility  |           |    |
| <b>f</b>  | <input checked="" type="checkbox"/> The policy was available on request  |           |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Other (describe in Part VI)  |           |    |

**Billing and Collections**

|           |   |           |   |
|-----------|---|-----------|---|
| <b>15</b> | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . .   | <b>15</b> | X |
| <b>16</b> | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:   |           |   |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency   |           |   |
| <b>b</b>  | <input type="checkbox"/> Lawsuits   |           |   |
| <b>c</b>  | <input type="checkbox"/> Liens on residences  |           |   |
| <b>d</b>  | <input type="checkbox"/> Body attachments   |           |   |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Part VI)  |           |   |
| <b>17</b> | Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged: | <b>17</b> | X |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency   |           |   |
| <b>b</b>  | <input type="checkbox"/> Lawsuits   |           |   |
| <b>c</b>  | <input type="checkbox"/> Liens on residences  |           |   |
| <b>d</b>  | <input type="checkbox"/> Body attachments   |           |   |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Part VI)  |           |   |

**Part V Facility Information (continued)**

| Financial Assistance Policy   |  | FACILITY REPORTING GROUP B | Yes | No |
|---|--|----------------------------|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: |  |                            |     |    |
| <b>9</b>  | Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .   |                            | X   |    |
| <b>10</b>   | Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  2  </u> <u>  0  </u> <u>  0  </u> %<br>If "No," explain in Part VI the criteria the hospital facility used. |                            | X   |    |
| <b>11</b>   | Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>  3  </u> <u>  0  </u> <u>  0  </u> %<br>If "No," explain in Part VI the criteria the hospital facility used.                  |                            | X   |    |
| <b>12</b>   | Explained the basis for calculating amounts charged to patients? . . . . .<br>If "Yes," indicate the factors used in determining such amounts (check all that apply):  |                            | X   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Income level   |                            |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Asset level  |                            |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Medical indigency  |                            |     |    |
| <b>d</b>  | <input type="checkbox"/> Insurance status  |                            |     |    |
| <b>e</b>  | <input checked="" type="checkbox"/> Uninsured discount   |                            |     |    |
| <b>f</b>  | <input type="checkbox"/> Medicaid/Medicare   |                            |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> State regulation   |                            |     |    |
| <b>h</b>  | <input type="checkbox"/> Other (describe in Part VI)   |                            |     |    |
| <b>13</b>   | Explained the method for applying for financial assistance? . . . . .  |                            | X   |    |
| <b>14</b>   | Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  |                            | X   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website   |                            |     |    |
| <b>b</b>  | <input type="checkbox"/> The policy was attached to billing invoices   |                            |     |    |
| <b>c</b>  | <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms   |                            |     |    |
| <b>d</b>  | <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices   |                            |     |    |
| <b>e</b>  | <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility  |                            |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> The policy was available on request  |                            |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Other (describe in Part VI)  |                            |     |    |

**Billing and Collections**

|           |   |  |   |   |
|-----------|---|--|---|---|
| <b>15</b> | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .   |  | X |   |
| <b>16</b> | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:   |  |   |   |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency   |  |   |   |
| <b>b</b>  | <input type="checkbox"/> Lawsuits   |  |   |   |
| <b>c</b>  | <input type="checkbox"/> Liens on residences  |  |   |   |
| <b>d</b>  | <input type="checkbox"/> Body attachments   |  |   |   |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Part VI)  |  |   |   |
| <b>17</b> | Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged: |  |   | X |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency   |  |   |   |
| <b>b</b>  | <input type="checkbox"/> Lawsuits   |  |   |   |
| <b>c</b>  | <input type="checkbox"/> Liens on residences  |  |   |   |
| <b>d</b>  | <input type="checkbox"/> Body attachments   |  |   |   |
| <b>e</b>  | <input type="checkbox"/> Other similar actions (describe in Part VI)  |  |   |   |

**Part V Facility Information (continued)** FACILITY REPORTING GROUP A

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  
If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

|           | Yes | No |
|-----------|-----|----|
| <b>19</b> | X   |    |
|           |     |    |

**Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**21** During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Part VI.

|           |  |   |
|-----------|--|---|
| <b>20</b> |  | X |
|           |  |   |

**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI.

|           |  |   |
|-----------|--|---|
| <b>21</b> |  | X |
|           |  |   |

**Part V Facility Information (continued)** FACILITY REPORTING GROUP B

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  
If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

|           | Yes | No |
|-----------|-----|----|
| <b>19</b> | X   |    |
|           |     |    |

**Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**21** During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Part VI.

|           |  |   |
|-----------|--|---|
| <b>20</b> |  | X |
|           |  |   |

**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI.

|           |  |   |
|-----------|--|---|
| <b>21</b> |  | X |
|           |  |   |

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 165

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> IIMC<br>701 E COUNTY LINE ROAD, SUITE 101<br>GREENWOOD IN 46143                                    | PHYSICIAN PRACTICE          |
| <b>2</b> INDIANA ORTHOPEDIC SURGERY CENTER<br>5255 E STOP 11 ROAD, SUITE 110<br>INDIANAPOLIS IN 46237       | AMBULATORY SURGERY CENTER   |
| <b>3</b> FRANCISCAN SURGERY CENTER<br>5255 E STOP 11 ROAD, SUITE 100<br>INDIANAPOLIS IN 46237               | AMBULATORY SURGERY CENTER   |
| <b>4</b> THE ENDOSCOPY CENTER AT ST FRANCIS<br>8051 S EMERSON AVENUE, SUITE 150<br>INDIANAPOLIS IN 46237    | ENDOSCOPY CENTER            |
| <b>5</b> ST FRANCIS RADIATION THERAPY CENTERS<br>8111 S EMERSON AVENUE<br>INDIANAPOLIS IN 46239             | RADIATION THERAPY           |
| <b>6</b> INDIANA HEART PHYSICIANS<br>5330 E STOP 11 ROAD<br>INDIANAPOLIS IN 46237                           | PHYSICIAN PRACTICE          |
| <b>7</b> FRANCISCAN PHYSICIAN NETWORK - MC<br>1225 E COOLSPRING AVENUE<br>MICHIGAN CITY IN 46360            | PHYSICIAN PRACTICE          |
| <b>8</b> SOUTH EMERSON SURGERY CENTER<br>8141 S EMERSON AVENUE, SUITE C<br>INDIANAPOLIS IN 46237            | AMBULATORY SURGERY CENTER   |
| <b>9</b> COOPERATIVE MANAGED CARE SERVICES<br>9045 RIVER ROAD, SUITE 250<br>INDIANAPOLIS IN 46240           | MANAGED CARE                |
| <b>10</b> INDIANA BLODD AND MARROW TRANSPLANTATION<br>1500 ALBANY STREET, SUITE 911<br>BEECH GROVE IN 46107 | BLOOD AND MARROW TRANSPLANT |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe)     |
|--|---------------------------------|
| <b>1</b> FRANCISCAN ST JAMES HEALTH-HOME HEALTH<br>1400 OTTO BOULEVARD<br>CHICAGO HEIGHTS IL 60411             | HOME HEALTH                     |
| <b>2</b> MOORESVILLE SURGERY CENTER<br>1215 HADLEY ROAD, SUITE 100<br>MOORESVILLE IN 46260                     | AMBULATORY SURGERY CENTER       |
| <b>3</b> FPN ORTHOPEDIC AND SPORTS MEDICINE<br>1702 LAFAYETTE ROAD<br>CRAWFORDSVILLE IN 47933                  | PHYSICIAN PRACTICE              |
| <b>4</b> JOINT REPLACEMENT SURGEONS<br>1199 HADLEY ROAD<br>MOORESVILLE IN 46158                                | PHYSICIAN PRACTICE              |
| <b>5</b> ONCOLOGY AND HEMATOLOGY SPECIALISTS<br>8111 S EMERSON AVENUE, SUITE A<br>INDIANAPOLIS IN 46237        | PHYSICIAN PRACTICE              |
| <b>6</b> SOUTH INDY MRI AND REHAB<br>8141 S EMERSON AVENUE, SUITE A<br>INDIANAPOLIS IN 46237                   | RADIOLOGY AND PHYSICAL SERVICES |
| <b>7</b> MOORESVILLE ENDOSCOPY CENTER<br>1215 HADLEY ROAD, SUITE 101<br>MOORESVILLE IN 46158                   | ENDOSCOPY CENTER                |
| <b>8</b> FRANCISCAN PHYSICIAN NETWORK<br>9470 BROADWAY<br>CROWN POINT IN 46307                                 | PHYSICIAN PRACTICE              |
| <b>9</b> FPN NEPHROLOGY / FPN PULMONARY<br>2708 FERRY STREET<br>LAFAYETTE IN 47904                             | PHYSICIAN PRACTICE              |
| <b>10</b> FRANCISCAN ST JAMES HEALTH -<br>HEALTH & WELLNESS CENTER, 100 W 197TH PL<br>CHICAGO HEIGHTS IL 60411 | WELLNESS CENTER                 |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> GREENWOOD PEDIATRIC ASSOCIATES<br>900 AVERITT ROAD<br>GREENWOOD IN 46143                            | PHYSICIAN PRACTICE          |
| <b>2</b> FPN DERMATOLOGY, FAMILY MEDICINE, PEDS<br>915 SAGAMORE PARKWAY WEST<br>WEST LAFAYETTE IN 47906      | PHYSICIAN PRACTICE          |
| <b>3</b> ST FRANCIS IMAGING CENTER<br>3147 W SMITH VALLEY ROAD, SUITE D<br>GREENWOOD IN 46143                | RADIOLOGY                   |
| <b>4</b> FPN FAMILY & GERIATRIC MEDICINE<br>3920 ST FRANCIS WAY, SUITE 209<br>LAFAYETTE IN 47905             | PHYSICIAN PRACTICE          |
| <b>5</b> FRANCISCAN PHYSICIAN NETWORK<br>1505 SOUTH COURT STREET<br>CROWN POINT IN 46307                     | PHYSICIAN PRACTICE          |
| <b>6</b> FRANCISCAN PHYSICIAN NETWORK<br>12800 MISSISSIPPI PARKWAY<br>CROWN POINT IN 46307                   | PHYSICIAN PRACTICE          |
| <b>7</b> FRANCISCAN PHYSICIAN NETWORK<br>2421 LAPORTE AVENUE<br>VALPARAISO IN 46385                          | PHYSICIAN PRACTICE          |
| <b>8</b> AMER. HEALTH NETWORK - MUNCIE<br>3631 N MORRISON ROAD<br>MUNCIE IN 47304                            | PT, IMAGING, SURGERY        |
| <b>9</b> FPN INTERNAL MEDICINE & SURGICAL SPEC.<br>1630 LAFAYETTE ROAD, SUITE 300<br>CRAWFORDSVILLE IN 47933 | PHYSICIAN PRACTICE          |
| <b>10</b> FRANCISCAN PHYSICIAN NETWORK - MC<br>8865 W 400 NORTH<br>MICHIGAN CITY IN 46360                    | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> FPN CARDIOLOGY / ELECTROPHYSIOLOGY<br>3900 SAINT FRANCIS WAY, STE 200<br>LAFAYETTE IN 47905     | PHYSICIAN PRACTICE          |
| <b>2</b> AMER. HEALTH NETWORK - GROUP ONE<br>4880 CENTURY PLAZA ROAD, SUITE 100<br>INDIANAPOLIS IN 46254 | IMAGING                     |
| <b>3</b> AMER. HEALTH NETWORK - AVON<br>5250 E US 36, SUITE 610<br>AVON IN 46123                         | IMAGING                     |
| <b>4</b> FPN CRAWFORDSVILLE FAMILY MEDICINE<br>308 W MARKET STREET<br>CRAWFORDSVILLE IN 47933            | PHYSICIAN PRACTICE          |
| <b>5</b> FPN GREENACRES FAMILY MEDICINE<br>1500 DARLINGTON AVENUE, SUITE 300<br>CRAWFORDSVILLE IN 47933  | PHYSICIAN PRACTICE          |
| <b>6</b> FRANCISCAN PHYSICIAN NETWORK - MC<br>1507 WABASH STREET<br>MICHIGAN CITY IN 46360               | PHYSICIAN PRACTICE          |
| <b>7</b> FRANCISCAN PHYSICIAN NETWORK<br>11161 RANDOLPH STREET<br>CROWN POINT IN 46307                   | PHYSICIAN PRACTICE          |
| <b>8</b> SOUTHPORT FP AND SPORTS MEDICINE<br>7855 S EMERSON AVENUE, SUITE P<br>INDIANAPOLIS IN 46237     | PHYSICIAN PRACTICE          |
| <b>9</b> FRANCISCAN PHYSICIAN NETWORK<br>1205 S MAIN STREET<br>CROWN POINT IN 46307                      | PHYSICIAN PRACTICE          |
| <b>10</b> ST MARGARET MEDICAL ASSOCIATES<br>701 SUPERIOR AVE, SUITE E<br>MUNSTER IN 46321                | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> ALVERNO DURABLE MEDICAL EQUIPMENT<br>16149 SOUTH CLINTON STREET<br>HARVEY IL 60426                 | DURABLE MEDICAL EQUIPMENT   |
| <b>2</b> IMPACT CENTER<br>1201 HADLEY ROAD<br>MOORESVILLE IN 46158  | PHYSICIAN PRACTICE          |
| <b>3</b> ST MARGARET MEDICAL ASSOCIATES<br>840 RICHARD ROAD<br>DYER IN 46311                                | PHYSICIAN PRACTICE          |
| <b>4</b> BEECH GROVE FAMILY MEDICINE<br>2030 CHURCHMAN AVENUE<br>BEECH GROVE IN 46107                       | PHYSICIAN PRACTICE          |
| <b>5</b> INDIANA SLEEP CENTER<br>701 E COUNTY LINE ROAD, SUITE 207<br>GREENWOOD IN 46143                    | SLEEP CENTER                |
| <b>6</b> FRANCISCAN PHYSICIAN NETWORK - MC<br>810 MICHAEL DRIVE<br>CHESTERTON IN 46304                      | PHYSICIAN PRACTICE          |
| <b>7</b> FRANCISCAN PHYSICIAN NETWORK<br>CHERRY CREEK CENTER<br>CROWN POINT IN 46307                        | PHYSICIAN PRACTICE          |
| <b>8</b> FPN NORTHRIDGE INTERNAL MEDICINE<br>1704 LAFAYETTE ROAD, SUITE 8<br>CRAWFORDSVILLE IN 47933        | PHYSICIAN PRACTICE          |
| <b>9</b> DIABETES AND ENDOCRINOLOGY SPECIALISTS<br>5230A E STOP 11 ROAD, SUITE 150<br>INDIANAPOLIS IN 46237 | PHYSICIAN PRACTICE          |
| <b>10</b> ST MARGARET MEDICAL ASSOCIATES<br>14785 WEST 101ST AVENUE<br>DYER IN 46311                        | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> KENDRICK FAMILY MEDICINE<br>1001 HADLEY ROAD, SUITE 101<br>MOORESVILLE IN 46158                  | PHYSICIAN PRACTICE          |
| <b>2</b> FPN CRAWFORDSVILLE GYNECOLOGY<br>407 E MARKET STREET, SUITE 101<br>CRAWFORDSVILLE IN 47933       | PHYSICIAN PRACTICE          |
| <b>3</b> MOORESVILLE FAMILY CARE<br>1001 HADLEY ROAD, SUITE 102<br>MOORESVILLE IN 46158                   | PHYSICIAN PRACTICE          |
| <b>4</b> AMER. HEALTH NETWORK - SLEEP (CARMEL)<br>12425 OLD MERIDIAN STREET, SUITE A-2<br>CARMEL IN 46032 | SLEEP CENTER                |
| <b>5</b> NEUROSURGICAL SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 300<br>INDIANAPOLIS IN 46237           | PHYSICIAN PRACTICE          |
| <b>6</b> GRAY ROAD FAMILY MEDICINE<br>7825 MCFARLAND LANE, SUITE A<br>INDIANAPOLIS IN 46237               | PHYSICIAN PRACTICE          |
| <b>7</b> AMER. HEALTH NETWORK - FRANKLIN<br>1300 W JEFFERSON STREET, SUITE C<br>FRANKLIN IN 46131         | PT, IMAGING                 |
| <b>8</b> ORTHOPEDIC SPECIALISTS<br>5230A E STOP 11 ROAD, SUITE 250<br>INDIANAPOLIS IN 46237               | PHYSICIAN PRACTICE          |
| <b>9</b> AMER. HEALTH NETWORK - KOKOMO<br>2330 S DIXON ROAD<br>KOKOMO IN 46902                            | IMAGING                     |
| <b>10</b> CENTER GROVE FAMILY MEDICINE<br>362 MERIDIAN PARKE LANE<br>GREENWOOD IN 46142                   | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> SOUTH 31 FAMILY CARE<br>610 E SOUTHPORT ROAD, SUITE 205<br>INDIANAPOLIS IN 46227                        | PHYSICIAN PRACTICE          |
| <b>2</b> SOUTHEAST FAMILY MEDICINE<br>5136 E STOP 11 ROAD, SUITE 30<br>INDIANAPOLIS IN 46237                     | PHYSICIAN PRACTICE          |
| <b>3</b> FRANCISCAN PHYSICIAN NETWORK<br>2050 NORTH MAIN STREET<br>CROWN POINT IN 46307                          | PHYSICIAN PRACTICE          |
| <b>4</b> FRANCISCAN ST JAMES HEALTH - AMBULANCE &<br>EMS, 20201 SOUTH CRAWFORD AVENUE<br>OLYMPIA FIELDS IL 60461 | AMBULANCE SERVICES          |
| <b>5</b> ST MARGARET MEDICAL ASSOCIATES<br>8242 CALUMET AVENUE<br>MUNSTER IN 46321                               | PHYSICIAN PRACTICE          |
| <b>6</b> VASCULAR SPECIALISTS<br>5255 E STOP 11 ROAD, SUITE 200<br>INDIANAPOLIS IN 46237                         | PHYSICIAN PRACTICE          |
| <b>7</b> ST JAMES HEALTH OUTPATIENT PHARMACY<br>3700 203RD STREET, SUITE 108<br>OLYMPIA FIELDS IL 60461          | PHARMACY                    |
| <b>8</b> FRANKLIN TOWNSHIP FAMILY MEDICINE<br>8325 E SOUTHPORT ROAD, SUITE 100<br>INDIANAPOLIS IN 46259          | PHYSICIAN PRACTICE          |
| <b>9</b> ST MARGARET MEDICAL ASSOCIATES<br>1573 N CLINE AVENUE<br>GRIFFITH IN 46319                              | PHYSICIAN PRACTICE          |
| <b>10</b> HEARTLAND CROSSING PEDIATRICS<br>10701 ALLIANCE DRIVE<br>CAMBY IN 46113                                | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> IRVINGTON FAMILY MEDICINE<br>5839 E WASHINGTON STREET<br>INDIANAPOLIS IN 46219           | PHYSICIAN PRACTICE          |
| <b>2</b> MAJOR HOSPITAL CARDIAC DIAGNOSTICS<br>150 WEST WASHINGTON STREET<br>SHELBYVILLE IN 46176 | CARDIOVASCULAR TESTING      |
| <b>3</b> FPN EASTSIDE FAMILY MEDICINE<br>2056 LEBANON ROAD<br>CRAWFORDSVILLE IN 47933             | PHYSICIAN PRACTICE          |
| <b>4</b> SPINE SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 360<br>INDIANAPOLIS IN 46237           | PHYSICIAN PRACTICE          |
| <b>5</b> MADISON AVE FAMILY MEDICINE<br>8778 S MADISON AVENUE, SUITE 200<br>INDIANAPOLIS IN 46227 | PHYSICIAN PRACTICE          |
| <b>6</b> AMER. HEALTH NETWORK - PERU<br>315 W OLD KEY DRIVE, IMAGING SUITE 140<br>PERU IN 46970   | IMAGING                     |
| <b>7</b> HEARTLAND INTERNAL MEDICINE<br>10701 ALLIANCE DRIVE<br>CAMBY IN 46113                    | PHYSICIAN PRACTICE          |
| <b>8</b> FRANCISCAN PHYSICIAN NETWORK<br>200 3RD COURT SE<br>DEMOTTE IN 46310                     | PHYSICIAN PRACTICE          |
| <b>9</b> COUNTY LINE PEDIATRICS<br>8325 S EMERSON, SUITE B1<br>INDIANAPOLIS IN 46237              | PHYSICIAN PRACTICE          |
| <b>10</b> ST MARGARET MEDICAL ASSOCIATES<br>5530 HOHMAN AVENUE<br>HAMMOND IN 46320                | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> ST MARGARET MEDICAL ASSOCIATES<br>221 US HWY 41, SUITE I<br>SCHERERVILLE IN 46375           | PHYSICIAN PRACTICE          |
| <b>2</b> HONEY GROVE FAMILY MEDICINE<br>1711 S STATE ROAD 135, SUITE C<br>GREENWOOD IN 46143         | PHYSICIAN PRACTICE          |
| <b>3</b> FRANCISCAN PHYSICIAN NETWORK<br>297 WEST FRANCISCAN LANE, SUITE 104<br>CROWN POINT IN 46307 | PHYSICIAN PRACTICE          |
| <b>4</b> FPN PHYSICAL MEDICINE & REHABILITATION<br>1012 N 14TH STREET<br>LAFAYETTE IN 47904          | PHYSICIAN PRACTICE          |
| <b>5</b> FPN WOMEN'S HEALTH SERVICES<br>1630 LAFAYETTE ROAD, SUITE 200<br>CRAWFORDSVILLE IN 47933    | PHYSICIAN PRACTICE          |
| <b>6</b> ST MARGARET MEDICAL ASSOCIATES<br>2068 LUCAS PARKWAY<br>LOWELL IN 46356                     | PHYSICIAN PRACTICE          |
| <b>7</b> FPN FAMILY MEDICINE - KENSINGTON<br>3875 KENSINGTON DRIVE<br>LAFAYETTE IN 47905             | PHYSICIAN PRACTICE          |
| <b>8</b> GYNECOLOGIC ONCOLOGY SPECIALISTS<br>5255 E STOP 11 ROAD, SUITE 310<br>INDIANAPOLIS IN 46237 | PHYSICIAN PRACTICE          |
| <b>9</b> FPN NORTHSIDE FAMILY MEDICINE<br>1660 LAFAYETTE ROAD, SUITE 170<br>CRAWFORDSVILLE IN 47933  | PHYSICIAN PRACTICE          |
| <b>10</b> PLAINFIELD FAMILY MEDICINE<br>315 DAN HONES ROAD, SUITE 100<br>PLAINFIELD IN 46168         | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> PSYCHIATRIC SPECIALISTS<br>610 E SOUTHPORT ROAD, SUITE 200<br>INDIANAPOLIS IN 46227                        | PHYSICIAN PRACTICE          |
| <b>2</b> FRANCISCAN PHYSICIAN NETWORK<br>10860 MAPLE LANE<br>SAINT JOHN IN 46373                                    | PHYSICIAN PRACTICE          |
| <b>3</b> FRANCISCAN IMAGING EQUIPMENT LEASING<br>1600 ALBANY STREET<br>BEECH GROVE IN 46107                         | LEASING RADIOLOGY EQUIPMENT |
| <b>4</b> ST MARGARET MEDICAL ASSOCIATES<br>3831 HOHMAN AVENUE<br>HAMMOND IN 46327                                   | PHYSICIAN PRACTICE          |
| <b>5</b> FRANCISCAN ST JAMES HEALTH CENTERS FOR<br>DIABETES, 20201 SOUTH CRAWFORD AVENUE<br>OLYMPIA FIELDS IL 60461 | DIABETES CLINIC             |
| <b>6</b> PLEASANT VIEW FAMILY MEDICINE<br>12524 SOUTHEASTERN AVENUE<br>INDIANAPOLIS IN 46259                        | PHYSICIAN PRACTICE          |
| <b>7</b> AMER. HEALTH NETWORK - EAGLE HIGHLANDS<br>6820 PARKDALE PLACE #105<br>INDIANAPOLIS IN 46254                | IMAGING                     |
| <b>8</b> ST MARGARET MEDICAL ASSOCIATES<br>24 JOLIET STREET, SUITE 101<br>DYER IN 46311                             | PHYSICIAN PRACTICE          |
| <b>9</b> RHEUMATOLOGY & OSTEOPOROSIS SPECIALISTS<br>5255 E STOP 11 ROAD, SUITE 320<br>INDIANAPOLIS IN 46237         | PHYSICIAN PRACTICE          |
| <b>10</b> WEIGHT LOSS SPECIALISTS<br>5230A E STOP 11 ROAD, SUITE 190<br>INDIANAPOLIS IN 46237                       | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> ST MARGARET MEDICAL ASSOCIATES<br>10860 MAPLE LANE<br>ST. JOHN IN 46373                              | PHYSICIAN PRACTICE          |
| <b>2</b> FRANCISCAN ST JAMES HEALTH - FAMILY<br>HEALTH, TINLEY PARK, 17859 S 80TH AVE<br>TINLEY PARK IL 60477 | PHYSICIAN PRACTICE          |
| <b>3</b> ST MARGARET MEDICAL ASSOCIATES<br>5454 HOHMAN AVENUE<br>HAMMOND IN 46320                             | PHYSICIAN PRACTICE          |
| <b>4</b> FRANCISCAN PHYSICIAN NETWORK - MC<br>500 W BUFFALO STREET<br>NEW BUFFALO MI 49117                    | PHYSICIAN PRACTICE          |
| <b>5</b> ST MARGARET MEDICAL ASSOCIATES<br>8437 KENNEDY AVENUE<br>HIGHLAND IN 46322                           | PHYSICIAN PRACTICE          |
| <b>6</b> FRANCISCAN PHYSICIAN NETWORK<br>5985 EAST 1015 NORTH<br>ROSELAWN IN 46372                            | PHYSICIAN PRACTICE          |
| <b>7</b> ST MARGARET MEDICAL ASSOCIATES<br>5500 HOHMAN AVENUE, SUITE 2A<br>HAMMOND IN 46320                   | PHYSICIAN PRACTICE          |
| <b>8</b> MOORESVILLE AFTER HOURS CLINIC<br>1001 HADLEY ROAD, SUITE 101<br>MOORESVILLE IN 46158                | PHYSICIAN PRACTICE          |
| <b>9</b> FRANCISCAN PHYSICIAN NETWORK - MC<br>3340 MONROE STREET<br>LAPORTE IN 46350                          | PHYSICIAN PRACTICE          |
| <b>10</b> FPN GATROENTEROLOGY<br>3218 DAUGHERTY DRIVE, SUITE 140<br>LAFAYETTE IN 47909                        | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> BREAST SPECIALISTS<br>5255 E STOP 11 ROAD, SUITE 250<br>INDIANAPOLIS IN 46237                | PHYSICIAN PRACTICE          |
| <b>2</b> INDY SOUTH AFTER HOURS CLINIC<br>7855 S EMERSON AVENUE, SUITE P<br>INDIANAPOLIS IN 46237     | PHYSICIAN PRACTICE          |
| <b>3</b> SFMG REHABILITATION SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 360<br>INDIANAPOLIS IN 46237 | PHYSICIAN PRACTICE          |
| <b>4</b> ST MARGARET MEDICAL ASSOCIATES<br>5454 HOHMAN AVENUE<br>HAMMOND IN 46320                     | PHYSICIAN PRACTICE          |
| <b>5</b> BEECH GROVE INTERNAL MEDICINE<br>2030 CHURCHMAN AVENUE<br>BEECH GROVE IN 46107               | PHYSICIAN PRACTICE          |
| <b>6</b> SFMG PAIN SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 360<br>INDIANAPOLIS IN 46237           | PHYSICIAN PRACTICE          |
| <b>7</b> BEECH GROVE AFTER HOURS CLINIC<br>2030 CHURCHMAN AVENUE<br>BEECH GROVE IN 46107              | PHYSICIAN PRACTICE          |
| <b>8</b> ST MARGARET MEDICAL ASSOCIATES<br>8230 CALUMET AVENUE<br>MUNSTER IN 46321                    | PHYSICIAN PRACTICE          |
| <b>9</b> MATERNAL FETAL SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 450B<br>INDIANAPOLIS IN 46237     | PHYSICIAN PRACTICE          |
| <b>10</b> PLASTIC SURGERY SPECIALISTS<br>8051 S EMERSON AVENUE, SUITE 450<br>INDIANAPOLIS IN 46237    | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe)  |
|---|------------------------------|
| <b>1</b> ST JAMES COMMUNITY HEALTH CENTER -<br>BEECHER, 989 DIXIE HIGHWAY<br>BEECHER IL 60401             | PHYSICAL THERAPY SERVICES    |
| <b>2</b> FPN NEIGHBORHOOD CLINIC<br>407 E MARKET STREET, SUITE 101<br>CRAWFORDSVILLE IN 47933             | PHYSICIAN PRACTICE           |
| <b>3</b> ST MARGARET MEDICAL ASSOCIATES<br>5454 HOHMAN AVENUE<br>HAMMOND IN 46320                         | PHYSICIAN PRACTICE           |
| <b>4</b> ST MARGARET MEDICAL ASSOCIATES<br>19400 NORTH CREEK DRIVE<br>LYNWOOD IL 60411                    | PHYSICIAN PRACTICE           |
| <b>5</b> FPN FAMILY MEDICINE - MULBERRY<br>510 WEST JACKSON STREET<br>MULBERRY IN 46058                   | PHYSICIAN PRACTICE           |
| <b>6</b> FRANCISCAN ST JAMES HEALTH - FAMILY<br>HEALTH HOMEWOOD, 18636 DIXIE HIGHWAY<br>HOMEWOOD IL 60430 | PHYSICIAN PRACTICE           |
| <b>7</b> PLAINFIELD SPORTS AND FAMILY MEDICINE<br>315 DAN JONES ROAD, SUITE 150<br>PLAINFIELD IN 46168    | PHYSICIAN PRACTICE           |
| <b>8</b> AMER. HEALTH NETWORK - SLEEP (MUNCIE)<br>3631 N MORRISON ROAD<br>MUNCIE IN 47304                 | SLEEP CENTER                 |
| <b>9</b> REDOX REACTIVE REAGENTS<br>1600 ALBANY STREET<br>BEECH GROVE IN 46107                            | AUTOIMMUNE DISEASE TREATMENT |
| <b>10</b> AMER. HEALTH NETWORK - NOBLESVILLE<br>18051 RIVER AVENUE, SUITE 103<br>NOBLESVILLE IN 46062     | IMAGING                      |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe)  |
|--|------------------------------|
| <b>1</b> MONTICELLO MEDICAL CENTER<br>826 N 6TH ST<br>MONTICELLO IN 47960  | MEDICAL PRACTICE             |
| <b>2</b> FPN FAMILY MEDICINE - MONTICELLO<br>902 FOXWOOD COURT<br>MONTICELLO IN 47960                              | MEDICAL PRACTICE             |
| <b>3</b> FRANCISCAN PHYSICIANS HOSPITAL SLEEP CTR<br>7905 CALUMET AVENUE<br>MUNSTER IN 46321-4209                  | SLEEP CENTER                 |
| <b>4</b> FRANCISCAN HAMMOND CLINIC<br>7905 CALUMET AVENUE<br>MUNSTER IN 46321                                      | SPECIALTY CENTER/URGENT CARE |
| <b>5</b> FRANCISCAN HAMMOND CLINIC<br>9800 VALPARAISO DRIVE<br>MUNSTER IN 46321                                    | FAMILY WELLNESS CENTER       |
| <b>6</b> FRANCISCAN HAMMOND CLINIC<br>11355 WEST 97TH LANE<br>ST. JOHN IN 46373                                    | PRIMARY CARE                 |
| <b>7</b> FRANCISCAN PHYSICIAN NETWORK<br>6831 133RD AVENUE<br>CEDAR LAKE IN 46303                                  | FAMILY PRACTICE              |
| <b>8</b> FRANCISCAN PHYSICIAN NETWORK<br>297 WEST FRANCISCAN LANE, SUITE 203<br>CROWN POINT IN 46307               | FAMILY PRACTICE              |
| <b>9</b> ST. JAMES HEALTH SURGERY CENTER<br>333 DIXIE HIGHWAY<br>CHICAGO HEIGHTS IL 60411                          | OP SURGERY CENTER            |
| <b>10</b> FRANCISCAN ST JAMES HEALTH-FAMILY HEALTH<br>3700 WEST 203RD STREET, SUITE 112<br>OLYMPIA FIELDS IL 60461 | PHYSICIAN PRACTICE           |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>1</b> FRANKFORT REHABILITATION SERVICES<br>10043 LINCOLN HIGHWAY, 2ND FLOOR<br>FRANKFORT IL 60423 | PHYSICAL THERAPY            |
| <b>2</b> DIXIE HIGHWAY REHABILITATION SERVICES<br>211 DIXIE HIGHWAY<br>CHICAGO HEIGHTS IL 60411      | PHYSICAL THERAPY            |
| <b>3</b> GREENWOOD IMMEDIATE CARE<br>1001 N MADISON AVENUE<br>GREENWOOD IN 46142                     | IMMEDIATE CARE CENTER       |
| <b>4</b> CHAPEL HILL IMMEDIATE CARE<br>650 N GIRLS SCHOOL ROAD<br>INDIANAPOLIS IN 46214              | IMMEDIATE CARE CENTER       |
| <b>5</b> NORA IMMEDIATE CARE<br>860 E 86TH STREET<br>INDIANAPOLIS IN 46240                           | IMMEDIATE CARE CENTER       |
| <b>6</b> WASHINGTON SQUARE IMMEDIATE CARE<br>992 N MITTHOEFFER<br>INDIANAPOLIS IN 46229              | IMMEDIATE CARE CENTER       |
| <b>7</b> FPN HILLSBORO FAMILY MEDICINE<br>203 EAST MAIN STREET<br>HILLSBORO IN 47949                 | PHYSICIAN PRACTICE          |
| <b>8</b> FRANCISCAN PHYSICIAN NETWORK - MC<br>770 INDIAN BOUNDARY ROAD<br>CHESTERTON IN 46304        | PHYSICIAN PRACTICE          |
| <b>9</b> FRANCISCAN PHYSICIAN NETWORK - MC<br>900 I STREET<br>LAPORTE IN 46350                       | PHYSICIAN PRACTICE          |
| <b>10</b> FRANCISCAN PHYSICIAN NETWORK<br>1020 EAST COMMERCIAL AVENUE<br>LOWELL IN 46356             | PHYSICIAN PRACTICE          |

Schedule H (Form 990) 2012

**Part V Facility Information** (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe)        |
|---|------------------------------------|
| <b>1</b> HAMMOND CLINIC SPECIALTY CENTER<br>7905 CALUMET AVENUE<br>MUNSTER IN 46321               | MULTISPECIALTY/OUTPATIENT FACILITY |
| <b>2</b> HAMMOND CLINIC FAMILY WELLNESS CENTER<br>9800 VALPARAISO DRIVE<br>MUNSTER IN 46321       | MULTI SPEC/OUTPATIENT FACILITY     |
| <b>3</b> HAMMOND CLINIC ST. JOHN<br>11355 W. 97TH LANE<br>ST. JOHN IN 46373                       | MULTISPEC/OUTPATIENT FACILITY      |
| <b>4</b> FRANCISCAN MEDICAL SPECIALISTS<br>919 MAIN STREET<br>DYER IN 46311                       | PHYSICIAN PRACTICE                 |
| <b>5</b> FRANCISCAN MEDICAL SPECIALISTS<br>5529 HOHMAN AVENUE<br>HAMMOND IN 46320                 | PHYSICIAN PRACTICE                 |
| <b>6</b> FRANCISCAN MEDICAL SPECIALISTS<br>1400 S. LAKE PARK AVENUE, SUITE 305<br>HOBART IN 46432 | PHYSICIAN PRACTICE                 |
| <b>7</b> FRANCISCAN MEDICAL SPECIALISTS<br>901 LINCOLN WAY<br>LAPORTE IN 46350                    | PHYSICIAN PRACTICE                 |
| <b>8</b> FRANCISCAN MEDICAL SPECIALISTS<br>300 W. 80TH PLACE<br>MERRILLVILLE IN 46410             | PHYSICIAN PRACTICE                 |
| <b>9</b> FRANCISCAN MEDICAL SPECIALISTS<br>301 W. HOMER STREET<br>MICHIGAN CITY IN 46360          | PHYSICIAN PRACTICE                 |
| <b>10</b> FRANCISCAN MEDICAL SPECIALISTS<br>1950 45TH STREET<br>MUNSTER IN 46321                  | PHYSICIAN PRACTICE                 |

Schedule H (Form 990) 2012

**Part V Facility Information** *(continued)*

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> FRANCISCAN MEDICAL SPECIALISTS<br>9034 COLUMBIA<br>MUNSTER IN 46321                    | PHYSICIAN PRACTICE          |
| <b>2</b> FRANCISCAN MEDICAL SPECIALISTS<br>761 45TH STREET<br>MUNSTER IN 46321                  | PHYSICIAN PRACTICE          |
| <b>3</b> FRANCISCAN MEDICAL SPECIALISTS<br>757 45TH STREET<br>MUNSTER IN 46321                  | PHYSICIAN PRACTICE          |
| <b>4</b> FRANCISCAN MEDICAL SPECIALISTS<br>2001 US 41<br>SCHERERVILLE IN 46375                  | PHYSICIAN PRACTICE          |
| <b>5</b> FRANCISCAN MEDICAL SPECIALISTS<br>1101 GLENDALE ROAD, SUITE 110<br>VALPARAISO IN 46383 | PHYSICIAN PRACTICE          |
| <b>6</b><br><br>  |                             |
| <b>7</b><br><br>  |                             |
| <b>8</b><br><br>  |                             |
| <b>9</b><br><br>  |                             |
| <b>10</b><br><br>   |                             |

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

## SUPPLEMENTAL INFORMATION

SCHEDULE H, PART VI, ITEM 2

## NEEDS ASSESSMENT

FRANCISCAN ALLIANCE, INC. ("FRANCISCAN") HOSPITALS ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE BY COLLABORATING WITH PUBLIC AND PRIVATE AGENCIES TO DETERMINE COMMUNITY HEALTH NEEDS AND HOW BEST TO ADDRESS THEM. FRANCISCAN'S CORPORATE COMMUNITY BENEFIT COMMITTEE, AS WELL AS COMMITTEES IN THE LOCAL FACILITIES, COMMITTED TO AN ONGOING ASSESSMENT OF COMMUNITY HEALTH NEEDS AND PRIORITIES BASED UPON HEALTH INITIATIVES OF THE MUNICIPAL, COUNTY, AND STATE HEALTH DEPARTMENTS, COMMUNITY-BASED ASSESSMENTS BY OTHER PUBLIC SECTOR PARTNERS, PROFESSIONAL RESEARCH CONSULTANT REPORTS, AND FAITH-BASED PARTNERS WITHIN THE COMMUNITIES SERVED. IN ADDITION, OUR HOSPITALS ADDRESS PUBLIC AGENCY AND COMMUNITY GROUP REQUESTS TO PROVIDE COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT MEET CERTAIN SPECIALTY OR HYBRID NEEDS OR POPULATIONS.

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**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SCHEDULE H, PART VI, ITEM 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

FRANCISCAN'S HOSPITALS INFORM AND EDUCATE PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER FRANCISCAN'S FINANCIAL ASSISTANCE AND CHARITY CARE POLICY.

FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY THROUGH THE FOLLOWING MEANS:

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS, ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL.

3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, AND FEDERAL HEALTH CARE PROGRAMS AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS.

4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.

5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES.

**Part VI Supplemental Information**

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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6. PATIENTS/GUARANTORS CAN REQUEST FINANCIAL ASSISTANCE INFORMATION BY CALLING FRANCISCAN'S BILLING OFFICE PHONE LINE ON A 24-HOUR BASIS.

7. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS.

8. FRANCISCAN SENDS A MINIMUM OF 4 STATEMENTS AND MAKES 7 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

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SCHEDULE H, PART VI, ITEM 4

COMMUNITY INFORMATION

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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FRANCISCAN ALLIANCE SERVICES A LARGE GEOGRAPHIC AREA WHICH INCLUDES 17  
 COUNTIES IN INDIANA (BENTON, CARROLL, FOUNTAIN, JASPER, JOHNSON, LAKE,  
 LAPORTE, MARION, MONTGOMERY, MORGAN, NEWTON, PORTER, SHELBY, STARKE,  
 TIPPECANOE, WARREN AND WHITE) AND 3 COUNTIES IN ILLINOIS (COOK, KANKAKEE,  
 AND WILL). THE POPULATION OF THE COMMUNITIES THAT WE SERVE WAS ESTIMATED  
 AT OVER 3.8 MILLION PEOPLE WITH AN AVERAGE HOUSEHOLD INCOME OF  
 APPROXIMATELY \$58,119 IN 2012. FOR THESE COMMUNITIES, THE PERCENTAGE OF  
 RESIDENTS BELOW THE FEDERAL POVERTY LEVEL WAS ESTIMATED AT 17.1% IN 2012.  
 THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE SERVED BY  
 MEDICAID WAS 17.9%. AND THE PERCENTAGE OF INPATIENTS FROM THESE  
 COMMUNITIES WHO WERE UNINSURED WAS APPROXIMATELY 3.1%. IN COMPARISON,  
 THE PERCENTAGES OF MEDICAID AND UNINSURED TREATED BY FRANCISCAN ALLIANCE  
 WERE 15.7% AND 5.9% RESPECTIVELY IN 2012. THERE WERE 54 OTHER HOSPITALS  
 IN 2012 THAT SERVE WITHIN THESE COMMUNITIES AS WELL.

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SCHEDULE H, PART VI, ITEM 5

**Part VI Supplemental Information**

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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## OTHER INFORMATION

"OUR GIVING JOURNAL" AT [WWW.FRANCISCANALLIANCE.ORG/COMMUNITYBENEFIT](http://WWW.FRANCISCANALLIANCE.ORG/COMMUNITYBENEFIT) REFLECTS FRANCISCAN'S MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION" ALONG WITH A REPORT OF OUR COMMUNITY BENEFIT ACTIVITIES. ALTHOUGH IT IS NOT ALL INCLUSIVE OF THE MANY BENEFITS PROVIDED BY FRANCISCAN IT DOES PORTRAY THE SIGNIFICANT BENEFITS THAT REFLECT OUR COMMITMENT TO HEALTHCARE AND THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

THE FOLLOWING IS A SUBSET OF THE MANY CLINICAL SERVICES AS WELL AS POPULATION HEALTH IMPROVEMENT AND COMMUNITY OUTREACH ACTIVITIES OFFERED BY ONE OR MORE OF FRANCISCAN'S HEALTHCARE FACILITIES:

- INPATIENT HOSPITAL SERVICES INCLUDING: MEDICAL SERVICES, SURGICAL SERVICES, INTENSIVE CARE SERVICES, TELEMETRY SERVICES, OBSTETRICS SERVICES, PEDIATRICS SERVICES, NEONATAL INTENSIVE CARE SERVICES, ACUTE REHABILITATION SERVICES, ONCOLOGY SERVICES, BONE MARROW TRANSPLANT

**Part VI Supplemental Information**

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SERVICES, GENERAL SURGERY SERVICES, CARDIAC SURGERY SERVICES, VASCULAR SERVICES, PULMONARY SERVICES, INTERVENTIONAL RADIOLOGY, ORTHOPEDICS, JOINT AND SPINE CARE, GASTROINTESTINAL CARE, NEUROSCIENCES SERVICES, COLON AND RECTAL SERVICES, ANESTHESIA SERVICES, HOSPICE SERVICES, INPATIENT PSYCHIATRIC CARE, RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS, ETC.

- EMERGENCY SERVICES INCLUDING: 24 HOUR EMERGENCY ROOM SERVICES, AMBULANCE SERVICES, IMMEDIATE CARE SERVICES, ADVANCED LIFE SUPPORT SERVICES, BASIC LIFE SUPPORT SERVICES, BEHAVIORAL HEALTH EMERGENCY CONSULTATION SERVICES, 24-HOUR CRISIS AND REFERRAL HOTLINE, ETC.

- OUTPATIENT SERVICES INCLUDING: LABORATORY SERVICES, PHYSICAL THERAPY SERVICES, OCCUPATIONAL THERAPY SERVICES, SPEECH THERAPY SERVICES, GENERAL RADIOLOGY SERVICES, COMPUTED TOMOGRAPHY SERVICES, MAGNETIC RESONANCE IMAGING (MRI), NUCLEAR MEDICINE SERVICES, MAMMOGRAPHY SERVICES, ANGIOGRAPHY SERVICES, NEURODIAGNOSTICS SERVICES, GASTRO/INTESTINAL SERVICES, SLEEP LABORATORY, PULMONARY SERVICES, OUTPATIENT SURGERY, CARDIAC TESTING, ELECTROCARDIOGRAM (EKG) SERVICES, MEDICAL ONCOLOGY

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SERVICES, RADIATION ONCOLOGY SERVICES, PHARMACY, OCCUPATIONAL MEDICINE

SERVICES, CARDIAC/PULMONARY REHABILITATION SERVICES, CONGESTIVE HEALTH

FAILURE CLINIC, WOUND HEALING AND PREVENTION, NUTRITIONAL COUNSELING,

DIABETES MANAGEMENT, BARIATRIC SERVICES, PAIN MANAGEMENT, SOCIAL

SERVICES, PALLIATIVE CARE, SPORTS MEDICINE, BEHAVIORAL HEALTH, STROKE

SERVICES, HOME HEALTH SERVICES, SKILLED NURSING SERVICES, SOCIAL

SERVICES, DURABLE MEDICAL EQUIPMENT.

- PRIMARY CARE AND SPECIALTY CARE PHYSICIAN CLINICS.

- INDIGENT HEALTH CARE CLINICS.

- HEALTH AND WELLNESS CENTERS AND HEALTHY LIVING EDUCATION CENTERS.

- COMMUNITY OUTREACH AND EDUCATION PROGRAMS INCLUDING: HEALTH FAIRS,

FREE HEALTH SCREENINGS, FREE BREAST HEALTH SCREENING SERVICES, FREE

PROSTATE SCREENINGS, FREE SKIN CANCER SCREENINGS, FREE CERVICAL CANCER

SCREENINGS, FREE GLUCOSE SCREENINGS, FREE CHOLESTEROL SCREENINGS, FREE

BONE DENSITY SCREENINGS, FREE SPA SERVICES FOR CANCER PATIENTS, ONLINE

HEALTH CONDITION ASSESSMENT TOOLS, CANCER PREVENTION ACTIVITIES, CANCER

SURVIVOR PROGRAMS AND RETREATS, HEALTH CARE DECISION-MAKING SESSIONS,

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SENIOR HEALTH EDUCATION, DIABETES MANAGEMENT EDUCATION AND ACTIVITIES,  
 PAIN MANAGEMENT SEMINARS AND ACTIVITIES, CARDIAC RISK FACTORS EDUCATIONAL  
 SESSIONS AND ONLINE TOOLS, HOSPICE AND PALLIATIVE CARE COUNSELING AND  
 EDUCATION SERVICES, ALZHEIMER SUPPORT SERVICES, SMOKING CESSATION  
 PROGRAMS, BASIC LIFE-SAVING SKILLS PROGRAMS, CHILDREN'S HEALTH NEEDS  
 ACTIVITIES, CHILDHOOD OBESITY ACTIVITIES, WEIGHT LOSS EDUCATION, ORGAN  
 AND TISSUE DONATION FAIRS, VOLUNTEER ADVOCATES FOR SENIORS, PARENTING  
 PROGRAMS, RESIDENTIAL SUPPORT PROGRAM FOR PREGNANT GIRLS, PRENATAL 'BABY  
 SHOWERS', ATHLETIC TRAINING (SCHOOLS AND VARIOUS MARATHONS), ORTHOPEDIC  
 ROAD SHOWS, FLU VACCINATIONS, CHILD SEAT SAFETY PROGRAMS, BEREAVEMENT  
 SUPPORT GROUPS, COMMUNITY EDUCATION LECTURES, INDIGENT PRESCRIPTION  
 PROGRAMS, SEX CAN WAIT PROGRAMS, CAREGIVERS EDUCATION SYMPOSIUMS, HEALTH  
 CAREER DAYS, ARTHRITIS EXERCISE GROUP, BABYSITTING COURSE, PREPARED  
 CHILDBIRTH PROGRAMS, FOOD SHARE PROGRAMS, NUTRITIONAL COUNSELING FOR  
 GRADE SCHOOLS AND SENIORS, ETC.  
 - SOCIAL SERVICES INCLUDING: PASTORAL CARE, EUCHARISTIC MINISTRY PROGRAM,  
 NO ONE DIES ALONE PROGRAMS, LANGUAGE INTERPRETER SERVICES, DEAF

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INTERPRETER SERVICES, TRANSPORTATION FOR THE INDIGENT, ENROLLMENT

ASSISTANCE IN MEDICAID, ETC.

- MEDICAL EDUCATION INCLUDING: PHYSICIAN RESIDENCY PROGRAMS, FAMILY

MEDICINE RESIDENCY PROGRAM, EMERGENCY ROOM PHYSICIAN RESIDENCY PROGRAM,

PHARMACY RESIDENCY PROGRAM, MEDICAL STUDENT TRAINING PROGRAM, ST.

ELIZABETH SCHOOL OF NURSING PROGRAM, ADVANCE NURSING CONTINUING

EDUCATION, NURSING CLINICAL ROTATIONS, PHLEBOTOMY TRAINING PROGRAM,

MEDICAL ASSISTANCE TRAINING, MEDICAL TECHNOLOGY TRAINING PROGRAMS, OR

TECHNOLOGY TRAINING, ETC.

- RESEARCH PROGRAMS INCLUDING - CANCER GENOME PROJECT, CARDIAC RESEARCH,

HLA-VASCULAR BIOLOGY RESEARCH, CLINICAL TRAILS, PLAQUE FORMATION STUDIES,

USE OF DRUG ELUTING STENTS STUDIES, ETC.

FRANCISCAN CONTINUES TO PROVIDE ACCESS TO HEALTH CARE SERVICES AND A WIDE

VARIETY OF COMMUNITY EDUCATION/HEALTH AND WELLNESS PROGRAMS. ALL OF OUR

FACILITIES REACH OUT TO THEIR COMMUNITIES BY PROVIDING ACCESS TO FREE,

PUBLIC WEB SITES AND ONLINE RESOURCES. EACH WEB SITE PROVIDES THE LATEST

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MEDICAL INFORMATION TO VISITORS, IN A BI-LINGUAL FORMAT, THROUGH THE USE OF INTERACTIVE A TO Z HEALTH LIBRARIES. THERE ARE ONLINE CENTERS THAT FOCUS ON INFORMATION RELATED TO MEDICAL CONDITIONS IN SPECIALTY AREAS SUCH AS THE HEART, BONES, KIDNEYS AND NERVES. THEY FURTHER OFFER CONDITION AND DISEASE-SPECIFIC INFORMATION ON TOPICS LIKE CANCER, PREGNANCY AND GERIATRICS THAT PROVIDE ILLUSTRATIONS, GRAPHICS AND NARRATED VIDEOS. THE WEB SITES ALSO PROVIDE UNLIMITED FREE ACCESS TO ONLINE HEALTH RISK ASSESSMENT TOOLS SUCH AS THE HEART RISK ASSESSMENT THAT USES AN ESTABLISHED ALGORITHM TO CALCULATE RISK FACTORS FOR HEART ATTACK BASED UPON USER-ENTERED PARAMETERS. THE SITES ALSO OFFER CONDITION-SPECIFIC RECOMMENDATIONS FOR MANAGING CHRONIC ILLNESSES AND CONDITIONS SUCH AS DIABETES, HIGH BLOOD PRESSURE AND ASTHMA, AMONG OTHERS. FINALLY, THE SITES HAVE HEALTHY LIVING SECTIONS THAT OFFER TIPS AND SUGGESTIONS ON BEGINNING AND MAINTAINING DIET AND EXERCISE REGIMENTS TO OPTIMIZE HEALTHY LIFESTYLES. OUR HOSPITALS PROVIDE URGENT CARE CLINICS WITHIN THE COMMUNITIES THEY SERVE TO HELP MINIMIZE COST OF NON-CRITICAL, EMERGENT MEDICAL CARE. WE ENGAGE IN A TREMENDOUS AMOUNT OF

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UNIVERSITY-AFFILIATED MEDICAL EDUCATION AND TRAINING PROGRAMS INCLUDING BUT NOT LIMITED TO; ALL LEVELS OF NURSING (LPN, ASN, BSN AND MSN), PHARMACY, EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS, RESPIRATORY THERAPISTS, PHYSICAL/OCCUPATIONAL/SPEECH THERAPISTS AND INTERNSHIPS/RESIDENCIES FOR PHYSICIANS. WE ALSO PROVIDE CONTINUING MEDICAL EDUCATION PROGRAMS. SEVERAL OF OUR HOSPITALS PARTICIPATE IN CLINICAL TRIALS, MEDICAL RESEARCH PROGRAMS AND PHARMACEUTICAL TRIALS. MOREOVER, THERE ARE OTHER FACTORS THAT DEMONSTRATE THAT FRANCISCAN IS OPERATED FOR A PUBLIC RATHER THAN A PRIVATE INTEREST. FRANCISCAN'S GOVERNING BODY IS COMPOSED OF INDEPENDENT MEMBERS REPRESENTING THE BROAD COMMUNITY SERVED BY FRANCISCAN. MEDICAL STAFF PRIVILEGES ARE AVAILABLE TO QUALIFIED PHYSICIANS. FRANCISCAN ALSO USES ITS SURPLUS FOR IMPROVEMENT IN PATIENT CARE, TO EXPAND AND REPLACE FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH.

FRANCISCAN ALLIANCE, INC. AND ITS ACCOUNTABLE CARE ORGANIZATION ("ACO")

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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IS THE FIRST AND ONLY PIONEER ACO IN INDIANA AND AMONG THE FIRST IN THE COUNTRY TO PARTNER WITH MEDICARE AS AN ACO. FRANCISCAN ALSO PARTICIPATES IN THE MEDICARE SHARED SAVINGS ACO PROGRAM. FORMED IN 2011, FRANCISCAN ACOS PROVIDE COORDINATED, COMPREHENSIVE CARE ACROSS HOSPITALS, PHYSICIAN PRACTICES, AND OTHER HEALTHCARE PROVIDERS, WITH THE AIM OF BRINGING DOWN THE OVERALL COSTS OF MEDICAL CARE AND IMPROVING THE HEALTH OF PATIENTS ATTRIBUTED TO THE ACOS. UNDER THE ACO MODEL, ATTRIBUTED BENEFICIARIES MAINTAIN THE ABILITY TO SEE ANY DOCTOR OR HEALTHCARE PROVIDER, AS WELL AS THE FULL BENEFITS ASSOCIATED WITH TRADITIONAL MEDICARE, BUT WITH THE ADDED BENEFIT OF A MORE COORDINATED CARE EXPERIENCE. THIS INCLUDES COORDINATION OF PREVENTIVE HEALTH SERVICES, THE PROVISION OF SOCIAL SUPPORT SERVICES, AND SUPPORT FOR PERSONS WITH CHRONIC HEALTH CONDITIONS, SUCH AS DIABETES AND CONGESTIVE HEART FAILURE. FRANCISCAN ACOS SERVE APPROXIMATELY 70,000 MEDICARE BENEFICIARIES IN CENTRAL AND NORTHWEST INDIANA. DURING 2012, THE FRANCISCAN ALLIANCE PIONEER ACO ACHIEVED \$13.3 MILLION OF COST SAVINGS FOR MEDICARE, HALF OF WHICH WAS RETURNED TO THE ACO TO HELP OFFSET SOME OF THE COSTS OF ACO ADMINISTRATIVE AND CARE

**Part VI Supplemental Information**

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MANAGEMENT PROGRAMMING AND TO REINVEST IN NEW ACO CARE PROGRAMS.

FRANCISCAN'S ACO EFFORTS INCLUDE IMPROVED COMMUNICATION AND INFORMATION SHARING AMONG AFFILIATED AND NONAFFILIATED HEALTHCARE PROVIDERS REGARDING ACO PATIENTS, ALONG WITH THE EXPANSION OF ACO CASE MANAGEMENT RESOURCES, THE ASSIGNMENT OF DEDICATED CHRONIC DISEASE CASE ADVOCATES TO PATIENTS, EVALUATING THE QUALITY AND CAPABILITIES OF LONG-TERM CARE FACILITIES THAT ACO PATIENTS MAY TRANSITION TO, AND WORKING WITH POST-ACUTE CARE PROVIDERS TO IMPROVE THEIR CONTINUING CARE CAPABILITIES. THE SUPPORTING RESOURCES AND TECHNOLOGY OF FRANCISCAN ACOS ARE FUNDAMENTAL FOR IMPROVING POPULATION HEALTH AND MAKING HEALTHCARE COSTS MORE AFFORDABLE TO THE PATIENTS IN OUR COMMUNITIES WE ARE PRIVILEGED TO SERVE.

FRANCISCAN ALLIANCE FACILITIES AND THEIR EMPLOYEES SPONSOR AND PARTICIPATE IN MANY COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND ACTIVITIES. COMMUNITY HEALTH FAIRS, EDUCATION SESSIONS AND SUPPORT GROUPS ARE MADE AVAILABLE THROUGH PROGRAMS SUCH AS THE ORTHOPEDIC ROAD SHOW, ASK-THE-DOC SEMINARS, DAY OF DANCE, HEART HEALTH CLASSES, SENIOR

**Part VI Supplemental Information**

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CITIZENS DAY AT THE FAIR, SPIRIT OF WOMEN, PERINATAL EDUCATION,  
 BEREAVEMENT SUPPORT GROUPS, CANCER SCREENING CLINICS, ARTHRITIS EXERCISE  
 GROUP, SMOKING CESSATION CLASSES, PROSTATE SCREENINGS, CANCER SURVIVORS  
 DAY, NUTRITIONAL COUNSELING SERVICES TO NAME A FEW.

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 SCHEDULE H, PART VI, ITEM 6

ROLE OF AFFILIATES

EVERY HOSPITAL WITHIN OUR SYSTEM HAS THE DEGREE OF AUTONOMY AND  
 FLEXIBILITY TO MEET THE NEEDS OF THE COMMUNITIES IT SERVES. EACH FACILITY  
 PERFORMS A MISSION ASSESSMENT THAT IS SPECIFICALLY DESIGNATED FOR THE  
 IDENTIFIED HEALTH CARE NEEDS WITHIN THE INDIVIDUAL SERVICE AREAS. THE  
 INDIVIDUAL AND REGIONAL COMMUNITY BENEFIT PLANS ARE DESIGNED TO BE PART  
 OF AN OVERALL FRANCISCAN SYSTEM VISION TO PROVIDE FOR THE ONGOING  
 HEALTHCARE NEEDS OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

**Part VI Supplemental Information**

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SCHEDULE H, PART I, LINE 3B

IN ADDITION TO USING FEDERAL POVERTY GUIDELINES AS A FACTOR IN DETERMINING ELIGIBILITY FOR DISCOUNTED CARE, FOR UNINSURED PATIENTS, FRANCISCAN WILL PROVIDE AN UNINSURED PATIENT DISCOUNT FOR EMERGENCY SERVICES OR MEDICALLY NECESSARY SERVICES PERFORMED AT ITS HOSPITAL LOCATIONS. THE UNINSURED PATIENT DISCOUNT IS BASED ON THE AVERAGE RATE OF THE RESPECTIVE FRANCISCAN HOSPITAL FACILITY'S THREE BEST NEGOTIATED MANAGED CARE CONTRACTS WHICH WILL BE CALCULATED ON AN ANNUAL BASIS. FRANCISCAN FACILITIES MAY OFFER ADDITIONAL DISCOUNTS BASED ON THE FACTS AND CIRCUMSTANCES UNIQUE TO THEIR LOCAL MARKETS. THIS DISCOUNT SHALL NOT BE COMBINED WITH OTHER FACILITY DISCOUNTS, EXCEPT FOR A PROMPT PAY DISCOUNT, IF AVAILABLE. NO DISCOUNT SHALL BE PROVIDED THAT VIOLATES ANY LAWS OR GOVERNMENT REGULATIONS. FRANCISCAN WILL IDENTIFY UNINSURED PATIENTS DURING THE REGISTRATION AND/OR ADMISSIONS PROCESS. THE UNINSURED DISCOUNT IS APPLIED AUTOMATICALLY BY THE RECEIVABLE SYSTEM AT THE TIME OF INITIAL BILL. ALL STATEMENTS TO PATIENTS WILL INDICATE THE

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ADJUSTMENT AND THE REVISED PATIENT BALANCE. THE UNINSURED DISCOUNT IS A CONTRACTUAL DISCOUNT AND IS NOT CONSIDERED A CHARITY CARE WRITE OFF. UNINSURED PATIENT DISCOUNTS WILL NOT BE REVERSED DUE TO NONPAYMENT OF AN ACCOUNT. IF, AT ANY TIME, FRANCISCAN BECOMES AWARE THAT A PREVIOUSLY IDENTIFIED UNINSURED PATIENT WAS IN FACT COVERED BY INSURANCE AT THE TIME OF SERVICE, FRANCISCAN WILL REVOKE THE UNINSURED DISCOUNT AND ISSUE A REVISED STATEMENT TO THE PATIENT AND THE ASSOCIATED INSURANCE PROVIDER. PATIENTS THAT ARE STILL NOTABLE TO PAY THE BALANCE AFTER THE UNINSURED DISCOUNT ARE ABLE TO APPLY FOR A CHARITY CARE WRITE OFF OR A MEDICAL FINANCIAL HARDSHIP ADJUSTMENT.

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SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

FRANCISCAN IS INVOLVED IN AND ACTIVELY PARTICIPATES IN NUMEROUS COMMUNITY BUILDING ACTIVITIES. WE WORK TO PROVIDE QUALITY CARE AND COMMUNITY

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BUILDING ACTIVITIES BY PARTNERING WITH OTHER HEALTH CARE PROVIDERS, GOVERNMENT AGENCIES, AND NOT-FOR-PROFIT SOCIAL SERVICE AGENCIES TO SERVE OUR COMMUNITIES' DIVERSE HEALTH CARE NEEDS. THE COMMUNITY BUILDING ACTIVITIES OFFERED BY FRANCISCAN ARE PROVIDED WITHOUT REIMBURSEMENT, SERVE AT-RISK POPULATIONS, AND PROVIDE HEALTH EDUCATION TO KEY COMMUNITY GROUPS. WE MONITOR THESE ACTIVITIES FOR OUTCOMES BY IDENTIFYING CHANGES IN HEALTH BEHAVIORS AND KNOWLEDGE. SOME EXAMPLES OF COMMUNITY HEALTH PROGRAMS FRANCISCAN PROVIDES INCLUDE: HEALTH EDUCATION, HEALTH FAIRS, FREE OR LOW COST HEALTH SCREENING, ACCESS TO HEALTHCARE SERVICES, IMMUNIZATION SERVICES, PRESCRIPTION MEDICATION ASSISTANCE PROGRAMS, NUTRITIONAL COUNSELING, ENROLLMENT ASSISTANCE IN MEDICAID, FREE SPA SERVICES FOR CANCER PATIENTS, FOOD ASSISTANCE, TRANSPORTATION ASSISTANCE, REFERRAL ASSISTANCE, BREAST CANCER AND CHILDHOOD OBESITY INITIATIVES, HEALTHY CHOICES INITIATIVES, CHILDHOOD ALCOHOLISM PREVENTION, AND OTHER VARIOUS COMMUNITY OUTREACH PROGRAMS AS FURTHER DESCRIBED IN "OUR GIVING JOURNAL" AT WWW.FRANCISCANALLIANCE.ORG/COMMUNITYBENEFIT. ADDITIONALLY, SEVERAL OF OUR HOSPITALS HAVE BEEN IDENTIFIED BY THE FEDERAL GOVERNMENT

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AS DESIGNATED REGIONAL MEDICATION DISTRIBUTION SITES IN THE EVENT OF A NATIONAL DISASTER OR EPIDEMIC/PANDEMIC. RESPONDING TO FEDERAL, STATE AND LOCAL NEEDS IN THE EVENT OF NATIONAL OR LOCAL DISASTERS OR EPIDEMIC/PANDEMICS, WE COLLABORATE AND COORDINATE OUR EFFORTS WITH MANY CIVIC AND OTHER AGENCIES TO ENSURE THAT THOSE NEEDS WILL BE MET SHOULD DISASTER STRIKE.

FRANCISCAN ALLIANCE PROVIDES MEDICAL AND OTHER SUPPLIES, HEALTH CARE AND OTHER SERVICES, SCREENINGS, SUPPORT GROUPS, EDUCATIONAL OPPORTUNITIES AND PRESENTATIONS, AND OTHER SPONSORSHIPS. MEMBERS FROM ALL OF OUR ORGANIZATION CONTRIBUTE THEIR TIME AND SKILLS AND, IN MEANINGFUL WAYS, TOUCH MANY LIVES IN OUR COMMUNITIES. MEMBERS FROM OUR FACILITIES PARTICIPATE ON BOARDS, COALITIONS, TASK FORCES AND WORK WITH COLLEGES UNIVERSITIES AND OTHER GROUPS TO ADDRESS THE HEALTHCARE NEEDS OF OUR COMMUNITIES.

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SCHEDULE H, PART III, LINE 3

THE CORPORATION HAS A SYSTEM-WIDE CHARITY CARE AND UNINSURED DISCOUNT POLICY; HAS DETAILED ADMINISTRATIVE PROCEDURES ESTABLISHED FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED/UNDERINSURED DISCOUNTS; USES VARIOUS ANALYTICAL PROGRAMS INCLUDING SOFT CREDIT INQUIRIES THAT DO NOT AFFECT CREDIT SCORES TO HELP ASSESS A PATIENT'S ABILITY TO PAY; AND UTILIZES NUMEROUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE WHICH ARE DETAILED UNDER SCHEDULE H, PART VI, ITEM 3. DESPITE THESE RIGOROUS EFFORTS, PATIENTS WHO NEED SUBSIDIZED CARE MAY NOT SEEK THIS ASSISTANCE OR CHOOSE TO ENROLL IN THE STATE'S MEDICAID PROGRAM. ALSO, AS FURTHER DESCRIBED IN HFMA STATEMENT NO. 15, THE APPROPRIATE CLASSIFICATION OF CHARITY CARE AND BAD DEBT IS OFTEN DIFFICULT. THE URGENCY OF SOME TREATMENTS, AS WELL AS CERTAIN FEDERAL REGULATIONS, OFTEN REQUIRES THE PROVISION OF SERVICE WITHOUT CONSIDERATION OF THE PATIENT'S ABILITY TO PAY. SOME PATIENTS HAVE COMPLEX MEDICAL CONDITIONS WITH UNPREDICTABLE TREATMENT NEEDS. FOR THESE

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AND OTHER REASONS, FRANCISCAN BELIEVES, A PORTION OF ITS BAD DEBT EXPENSE AS REPORTED ON LINE 3 OF PART III REPRESENTS CHARITY CARE DELIVERED TO INDIVIDUALS IN THE COMMUNITIES IT SERVES CONSISTENT WITH ITS CHARITABLE HEALTHCARE MISSION.

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SCHEDULE H, PART III, LINE 4

THE CORPORATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM ITS AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS:

"THE COLLECTION OF OUTSTANDING PATIENT ACCOUNTS RECEIVABLE FROM GOVERNMENTAL PAYORS, MANAGED CARE AND OTHER THIRD PARTY PAYORS, AND PATIENTS IS THE CORPORATION'S PRIMARY SOURCE OF CASH. THE CORPORATION'S MAIN COLLECTION RISK RELATES TO UNINSURED PATIENT ACCOUNTS AND PATIENT ACCOUNTS FOR WHICH THE THIRD PARTY PAYOR HAS PAID AMOUNTS IN ACCORDANCE WITH THE APPLICABLE AGREEMENT, HOWEVER THE PATIENT'S RESPONSIBILITY,

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USUALLY IN THE FORM OF DEDUCTIBLES, COPAYMENTS, AND COINSURANCE PAYMENTS, REMAIN OUTSTANDING ("SELF PAY ACCOUNTS"). THE CORPORATION'S PATIENT ACCOUNTS RECEIVABLE IS REDUCED BY AN ALLOWANCE FOR AMOUNTS, PRIMARILY SELF PAY ACCOUNTS, WHICH COULD BECOME UNCOLLECTIBLE IN THE FUTURE. THROUGHOUT THE YEAR, THE CORPORATION ESTIMATED THIS ALLOWANCE BASED ON THE AGING OF ITS PATIENT ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE, AND OTHER RELEVANT FACTORS. THESE FACTORS INCLUDE CHANGES IN THE ECONOMY AND UNEMPLOYMENT RATES, WHICH HAS AN IMPACT ON THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, AS WELL AS TRENDS IN HEALTH CARE COVERAGE, SUCH AS THE INCREASED BURDEN OF DEDUCTIBLES, COPAYMENTS, AND COINSURANCE PAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED PROCEDURES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS AND CERTAIN RESTRICTIONS ON COLLECTION EFFORTS DETERMINED BY THE CORPORATION. UNCOLLECTIBLE PATIENT ACCOUNTS RECEIVABLE ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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ACCOUNTS WITH ANY SUBSEQUENT RECOVERIES BEING RECORDED AGAINST THE  
PROVISION FOR DOUBTFUL ACCOUNTS. "

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SCHEDULE H, PART III, LINE 8

CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF FRANCISCAN AND THE  
COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545,  
FRANCISCAN PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING  
MEDICAL CARE AT FRANCISCAN. SUCH CARE IS PROVIDED REGARDLESS OF WHETHER  
THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS  
INCURRED BY FRANCISCAN TO PROVIDE SUCH SERVICES. LIKE MEDICAID, PAYMENT  
RATES FOR MEDICARE ARE SET BY LAW RATHER THAN THROUGH A NEGOTIATION  
PROCESS AS WITH PRIVATE INSURERS. THESE PAYMENT RATES ARE CURRENTLY SET  
BELOW THE COSTS OF PROVIDING CARE RESULTING IN UNDERPAYMENTS. MEDICARE  
RATES ARE DETERMINED WITHIN THE CONTEXT OF ALL THE BUDGETARY NEEDS OF THE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

FEDERAL GOVERNMENT AND MEDICARE PAYMENTS HAVE HISTORICALLY BEEN SET BELOW THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS THOUGH HOW FAR BELOW VARIES OVER TIME AND BY SERVICE. EACH YEAR MEDICARE IS SUPPOSED TO PROVIDE HOSPITALS AN INCREASE IN BOTH INPATIENT AND OUTPATIENT PAYMENTS TO ACCOUNT FOR INFLATION IN THE PRICES FOR GOODS AND SERVICES HOSPITALS MUST PURCHASE IN ORDER TO PROVIDE PATIENT CARE. HOWEVER INPATIENT UPDATES HAVE BEEN SET BELOW THE RATE OF INFLATION AND ACTUALLY NEGATIVE IN RECENT YEARS RESULTING IN A SHORTFALL THAT HAS GROWN OVER TIME. THE COMPOUNDING ISSUE THAT OCCURS IS THAT THIS SHORTFALL JEOPARDIZES HOSPITALS' ABILITY TO SERVE THEIR COMMUNITIES BECAUSE THEY ARE NOT REIMBURSED THEIR INCURRED COSTS. PROVIDERS MAKE THE DECISION TO ELIMINATE OR SIGNIFICANTLY REDUCE NECESSARY CLINICAL SERVICES WITHIN THE MARKETPLACE PLACING THE MEDICARE SHORTFALL BURDEN ON OTHERS THAT DO, SUCH AS FRANCISCAN. GIVEN THAT FRANCISCAN PROVIDES SUCH SERVICES TO MEDICARE PATIENTS KNOWING THAT THEY WILL RESULT IN A LOSS, AND GIVEN THAT FRANCISCAN BELIEVES THAT IT PROVIDES THESE SERVICES IN AN EFFICIENT AND COST EFFECTIVE MANNER, THE SHORTFALL REPORTED ON LINE 7 OF PART III

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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SHOULD BE VIEWED AS COMMUNITY BENEFIT PROVIDED BY FRANCISCAN.

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 SCHEDULE H, PART III, LINE 9B

FRANCISCAN ALLIANCE, INC.'S WRITTEN CHARITY CARE AND UNINSURED PATIENT DISCOUNT POLICY AND PATIENT COLLECTION PROCEDURE INCLUDE VARIOUS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.

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 SCHEDULE H, PART IV NAME OF ENTITY:

FRANCISCAN IMAGING EQUIPMENT LEASING LLC

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: IMAGING EQUIPMENT LEASING

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 59.67000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 40.33000

NAME OF ENTITY: MOORESVILLE ENDOSCOPY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: LAPORTE COUNTY OPEN MRI LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: MRI SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 33.33333

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 66.66667

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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NAME OF ENTITY: INDIANA SLEEP CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SLEEP CENTER

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: FRANCISCAN SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 54.0540541

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 45.9459459

NAME OF ENTITY: ST FRANCIS CARDIAC CARE CENTER MOORESVILLE LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: CARDIAC SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 25.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 75.00000

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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NAME OF ENTITY: SOUTH EMERSON SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: SOUTHEAST SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS MOORESVILLE SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 63.2911132

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 36.7088868

NAME OF ENTITY: ST ANTHONY HEALTH NETWORK LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 88.07000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 11.93000

NAME OF ENTITY: ST JAMES PHO INC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: PHYSICIAN SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS RADIATION THERAPY CENTERS LLC DESCRIPTION OF

PRIMARY ACTIVITY OF ENTITY: RADIATION THERAPY SERVICES ORGANIZATION'S

PROFIT % OR STOCK OWNERSHIP %: 86.74000

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 13.26000

NAME OF ENTITY: SOUTH INDY MRI & REHAB SERVICES LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: MRI SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS IMAGING CENTER (GREENWOOD) LLC DESCRIPTION OF

PRIMARY ACTIVITY OF ENTITY: IMAGING SERVICES ORGANIZATION'S PROFIT % OR

STOCK OWNERSHIP %: 60.00000 OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT %

OR STOCK OWNERSHIP %: 0 PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %:

40.00000

NAME OF ENTITY: THE ENDOSCOPY CENTER AT ST FRANCIS LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000 OFFICERS,

DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: FRANCISCAN PHYSICIANS REAL PROPERTY LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: LEASE OF HOSPITAL FACILITY

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 89.562500

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 10.437500

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SCHEDULE H, PART V, LINES 13 AND 14G

THROUGH FRANCISCAN ALLIANCE, INC. ("FRANCISCAN"), WE CONTINUE THE HEALING  
MINISTRY OF CHRIST IN A CATHOLIC HEALTH CARE SYSTEM THAT UPHOLDS THE  
MORAL VALUES AND TEACHINGS OF THE CATHOLIC CHURCH.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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CENTRAL CONCERNS OF THIS CORPORATE MINISTRY INCLUDE COMPASSION FOR THOSE IN NEED, RESPECT FOR LIFE AND THE DIGNITY OF PERSONS. FRANCISCAN BELIEVES IN THE DIGNITY, UNIQUENESS, AND WORTH OF EACH INDIVIDUAL AND, WITHIN THE LIMITS OF OUR RESOURCES, FRANCISCAN OFFERS A COMPREHENSIVE RANGE OF HEALTH CARE SERVICES TO ALL REGARDLESS OF RACE, CREED, COLOR, SEX, NATIONAL ORIGIN, HANDICAP OR AN INDIVIDUAL'S FINANCIAL CAPABILITY. IN LIGHT OF THIS BELIEF, WE CONSIDER OUR HEALTH CARE SERVICES TO BE REACHING OUT AND RESPONDING, IN A CHRIST-LIKE MANNER, TO THOSE WHO ARE PHYSICALLY, MATERIALLY, OR SPIRITUALLY IN NEED. FRANCISCAN IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE, IN THE FORM OF CHARITY CARE OR UNINSURED DISCOUNTS, TO PERSONS WHO ARE UNINSURED OR UNDERINSURED, WHO ARE INELIGIBLE FOR GOVERNMENTAL OR SOCIAL SERVICE PROGRAMS, AND WHO OTHERWISE ARE UNABLE TO PAY FOR EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. CONSISTENT WITH OUR MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE AND TO ADVOCATE FOR THOSE WHO ARE POOR AND DISENFRANCHISED, FRANCISCAN STRIVES TO ENSURE THE FINANCIAL CAPACITY OF PEOPLE WHO NEED MEDICALLY NECESSARY HEALTH CARE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING THAT CARE.

FRANCISCAN'S FINANCIAL ASSISTANCE POLICY IS DESIGNED TO ALLOW RELIEF FROM

ALL OR PART OF THE CHARGES RELATED TO EMERGENCY OR MEDICALLY NECESSARY

HEALTH CARE SERVICES THAT EXCEED A PATIENT'S REASONABLE ABILITY TO PAY.

IN ORDER TO ENSURE TRANSPARENCY, CONSISTENCY AND FAIRNESS, WE ASK

PATIENTS TO COOPERATE BY PROVIDING NECESSARY INFORMATION TO DETERMINE

THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE.

FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL

ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND

FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL

COMMUNITY THROUGH THE FOLLOWING MEANS:

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS,

ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE

SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS

**Part VI Supplemental Information**

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL.

3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, AND FEDERAL HEALTH CARE PROGRAMS AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS.

4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.

5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES.

**Part VI Supplemental Information**

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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6. PATIENTS/GUARANTORS CAN REQUEST FINANCIAL ASSISTANCE INFORMATION BY CALLING FRANCISCAN'S BILLING OFFICE PHONE LINE ON A 24-HOUR BASIS.

7. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS.

8. PRIOR TO TRANSFER TO A COLLECTION AGENCY, FRANCISCAN SENDS A MINIMUM OF 4 STATEMENTS AND MAKE 7 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

A PATIENT'S QUALIFICATION FOR CHARITY CARE IS DETERMINED THROUGH A FINANCIAL ASSISTANCE APPLICATION AND SCREENING PROCESS. PATIENTS WHO MAY

**Part VI Supplemental Information**

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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QUALIFY FOR MEDICAID OR ANY OTHER GOVERNMENTAL ASSISTANCE MUST BE DENIED  
 COVERAGE OR ASSISTANCE FROM THOSE GOVERNMENTAL PROGRAMS PRIOR TO  
 RECEIVING APPROVAL FOR CHARITY CARE. AS SUCH, FRANCISCAN OFFERS PATIENTS  
 ASSISTANCE IN APPLYING OR ENROLLING IN SUCH PROGRAMS. A PATIENT WILL  
 NEED TO FILL OUT, SIGN, AND SUBMIT THE FINANCIAL ASSISTANCE APPLICATION  
 ALONG WITH ALL REQUESTED DOCUMENTATION OF INCOME, EXPENSES, ASSETS, AND  
 LIABILITIES. FRANCISCAN'S BILLING OFFICE WILL PLACE THE PATIENT'S  
 ACCOUNT ON HOLD ONCE A FINANCIAL ASSISTANCE APPLICATION HAS BEEN  
 REQUESTED AND UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE.  
 APPLICANTS ARE TREATED WITH DIGNITY AND RESPECT THROUGHOUT THE FINANCIAL  
 ASSISTANCE PROCESS AND ALL INFORMATION/MATERIALS RECEIVED ARE  
 CONFIDENTIALLY MAINTAINED. FRANCISCAN ALSO UTILIZES AN EXTERNAL VENDOR,  
 SERVICE, OR DATA SOURCE THAT PROVIDES INFORMATION ON A PATIENT'S OR  
 GUARANTOR'S ABILITY TO PAY (I.E. CREDIT SCORING). ELIGIBILITY FOR  
 CHARITY CARE MAY BE DETERMINED AT ANY POINT IN THE COLLECTIONS CYCLE  
 (I.E. PRIOR TO THE PROVISION OF SERVICES, DURING THE NORMAL COLLECTIONS  
 CYCLE, OR MAY BE USED TO RE-CLASSIFY ACCOUNTS AFTER THEY HAVE BEEN

**Part VI Supplemental Information**

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DEEMED UNCOLLECTIBLE AND SUBSEQUENTLY RETURNED FROM A THIRD PARTY COLLECTION AGENCY). ONCE APPROVED, THE PATIENT WILL REMAIN ELIGIBLE FOR CHARITY CARE FOR A MAXIMUM OF FOUR MONTHS. THE ELIGIBILITY PERIOD WILL BEGIN FROM THE DATE OF THE PATIENT'S APPROVAL OF CHARITY CARE. CHARITY CARE DISCOUNTS WILL BE GIVEN FOR CURRENT OPEN ACCOUNTS AND THE FOLLOWING FOUR MONTHS OF EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE. AFTER THE ELIGIBILITY PERIOD HAS ELAPSED, THE PATIENT MUST REAPPLY FOR FINANCIAL ASSISTANCE. ALONG WITH ALL REQUESTED DOCUMENTATION OF INCOME, EXPENSES, ASSETS, AND LIABILITIES. FRANCISCAN'S BILLING OFFICE WILL PLACE THE PATIENT'S ACCOUNT ON HOLD ONCE A FINANCIAL ASSISTANCE APPLICATION HAS BEEN REQUESTED AND UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE. APPLICANTS ARE TREATED WITH DIGNITY AND RESPECT THROUGHOUT THE FINANCIAL ASSISTANCE PROCESS AND ALL INFORMATION/MATERIALS RECEIVED ARE CONFIDENTIALLY MAINTAINED. FRANCISCAN ALSO UTILIZES AN EXTERNAL VENDOR, SERVICE, OR DATA SOURCE THAT PROVIDES INFORMATION ON A PATIENT'S OR GUARANTOR'S ABILITY TO PAY (I.E. CREDIT SCORING). ELIGIBILITY FOR CHARITY CARE MAY BE DETERMINED AT ANY POINT IN THE COLLECTIONS CYCLE

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STATE FILING OF COMMUNITY BENEFIT REPORT

IL, IN,