



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

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN PHYSICIANS HOSPITAL, LLC

City of Hospital: Munster

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Heidi Colee

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Medicare Provider Number: 150165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28648358
Outpatient Patient Service Revenue	\$166098014
Total Gross Patient Service Revenue	\$194746372

2. Deductions From Revenue

Contractual Allowance	\$136726314
Other Deductions	\$2631214
Total Deductions	\$139357528

3. Total Operating Revenue

Net Patient Service Revenue	\$55388844
Other Operating Revenue	\$1360075
Total Operating Revenue	\$56748919

4. Operating Expenses

Salaries and Wages	\$16333858	Employee Benefits	\$3620540
Depreciation and Amortization	\$3351549	Interest Expense	\$3329103
Bad Debt	\$1273594	Other Expenses	\$26038378
Total Operating Expenses	\$53947022		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2801897	Total Assets	\$177605085
Net Non-operating Gains over Loss	\$64897	Total Liabilities	\$131427848
Total Net Gains	\$2866794		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$69814832	\$54690526	\$15124306
Medicaid	\$14173049	\$8203579	\$5969470
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$110758491	\$73832210	\$36926281
Total	\$194746372	\$136726315	\$58020057

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$776458	
HCI Payments	\$0		
Subtotal	\$0	\$776458	\$-776458
Medicaid Shortfalls	\$2104246	\$4019301	
Subtotal	\$2104246	\$4795759	\$-2691513
DSH Payments	\$0		
Subtotal	\$2104246	\$4795759	\$-2691513
Medicare Shortfalls	\$11708399	\$19651836	
Other Government Programs	\$0	\$0	
Total	\$13812645	\$24447595	\$-10634950

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$13737	\$-13737
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments