



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 HEALTH DYER

City of Hospital: Dyer

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Amy Solomon

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Medicare Provider Number: 15-0090

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$269469475
Outpatient Patient Service Revenue	\$297673199
Total Gross Patient Service Revenue	\$567142674

2. Deductions From Revenue

Contractual Allowance	\$378814187
Other Deductions	\$4775758
Total Deductions	\$383589945

3. Total Operating Revenue

Net Patient Service Revenue	\$183552729
Other Operating Revenue	\$2627954
Total Operating Revenue	\$186180683

4. Operating Expenses

Salaries and Wages	\$65997901	Employee Benefits	\$17809317
Depreciation and Amortization	\$7999370	Interest Expense	\$5644793
Bad Debt	\$1994295	Other Expenses	\$76411173
Total Operating Expenses	\$175856849		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10323834	Total Assets	\$225265776
Net Non-operating Gains over Loss	\$-27076	Total Liabilities	\$63757832

Total Net Gains	\$10296758
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$258590008	\$192040944	\$66549064
Medicaid	\$85903501	\$58761596	\$27141905
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$222649166	\$132787403	\$89861763
Total	\$567142675	\$383589943	\$183552732

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$32583	\$8981	\$23602

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

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1279157	\$-1279157
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$32011	\$-32011

Number of Medical Professionals Trained	614
Number of Hospital Patients Educated	235247
Number of Citizens Exposed to Health Education Messages	14433

Statement Six: Charity Statement
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Hospital Charity Charges	\$13223321
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4043424	
HCI Payments	\$0		
Subtotal	\$0	\$4043424	\$-4043424
Medicaid Shortfalls	\$14454340	\$23649783	
Subtotal	\$14454340	\$27693207	\$-13238867
DSH Payments	\$0		
Subtotal	\$14454340	\$27693207	\$-13238867
Medicare Shortfalls	\$50487561	\$71957002	
Other Government Programs	\$0	\$0	
Total	\$64941901	\$99650209	\$-34708308

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$791687	\$-791687
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$72660	\$-72660
Other Allocations	\$0	\$0	\$0

Comments

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