



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

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN -- ST. FRANCIS HEALTH (CARMEL)

City of Hospital: Carmel

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

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

Person Completing the Report: Tamara Murphy

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Medicare Provider Number: 15-0182

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23304808
Outpatient Patient Service Revenue	\$13741111
<b>Total Gross Patient Service Revenue</b>	<b>\$37045919</b>

2. Deductions From Revenue

Contractual Allowance	\$21521520
Other Deductions	\$163013
<b>Total Deductions</b>	<b>\$21684533</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$15361386
Other Operating Revenue	\$1160286
<b>Total Operating Revenue</b>	<b>\$16521672</b>

4. Operating Expenses

Salaries and Wages	\$3140606	Employee Benefits	\$833851
Depreciation and Amortization	\$2304950	Interest Expense	\$68727
Bad Debt	\$190135	Other Expenses	\$9975295
<b>Total Operating Expenses</b>	<b>\$16513564</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8108	Total Assets	\$10429977
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-591791

Total Net Gains	\$8108
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18974839	\$15605781	\$3369058
Medicaid	\$586677	\$478482	\$108195
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17484403	\$5600270	\$11884133
Total	\$37045919	\$21684533	\$15361386

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

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	\$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
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$477523	
HCI Payments	\$0		
Subtotal	\$0	\$477523	\$-477523
Medicaid Shortfalls	\$123346	\$206094	
Subtotal	\$123346	\$683617	\$-560271
DSH Payments	\$0		
Subtotal	\$123346	\$683617	\$-560271
Medicare Shortfalls	\$3674676	\$5539862	
Other Government Programs	\$0	\$0	
Total	\$3798022	\$6223479	\$-2425457

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	\$17752	\$33600	\$-15848
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$-6956	\$6079	\$-13035

Comments

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