



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. ELIZABETH HEALTH (CRAWFORDSVILLE)

City of Hospital: Crawfordsville

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

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

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 150022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$34719980
Outpatient Patient Service Revenue	\$135311124
Total Gross Patient Service Revenue	\$170031104

2. Deductions From Revenue

Contractual Allowance	\$111223761
Other Deductions	\$7876727
Total Deductions	\$119100488

3. Total Operating Revenue

Net Patient Service Revenue	\$50930616
Other Operating Revenue	\$1005076
Total Operating Revenue	\$51935692

4. Operating Expenses

Salaries and Wages	\$11376477	Employee Benefits	\$3392402
Depreciation and Amortization	\$2641155	Interest Expense	\$1078308
Bad Debt	\$-431217	Other Expenses	\$27118205
Total Operating Expenses	\$45175330		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6760361	Total Assets	\$43744480
Net Non-operating Gains over Loss	\$40734	Total Liabilities	\$216720

Total Net Gains	\$6801095
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$94638533	\$72549033	\$22089500
Medicaid	\$24567161	\$19536890	\$5030271
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$50825410	\$27014565	\$23810845
Total	\$170031104	\$119100488	\$50930616

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$39415	\$-39415

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	\$14124	\$-14124
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$148911	\$-148911

Number of Medical Professionals Trained	11
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	4645

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	\$2244811	
HCI Payments	\$0		
Subtotal	\$0	\$2244811	\$-2244811
Medicaid Shortfalls	\$5399633	\$8396804	
Subtotal	\$5399633	\$10641615	\$-5241982
DSH Payments	\$0		
Subtotal	\$5399633	\$10641615	\$-5241982
Medicare Shortfalls	\$22379311	\$29543284	
Other Government Programs	\$0	\$0	
Total	\$27778944	\$40184899	\$-12405955

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$3949828	\$6647941	\$-2698113

Comments

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