



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

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

Person Completing the Report: Heidi Colee

Email Address: Heidi.Colee@franciscanalliance.org

Medicare Provider Number: 150165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$65080494
Outpatient Patient Service Revenue	\$186061798
Total Gross Patient Service Revenue	\$251142292

2. Deductions From Revenue

Contractual Allowance	\$177730379
Other Deductions	\$3630161
Total Deductions	\$181360540

3. Total Operating Revenue

Net Patient Service Revenue	\$69781752
Other Operating Revenue	\$1949147
Total Operating Revenue	\$71730899

4. Operating Expenses

Salaries and Wages	\$22919012	Employee Benefits	\$4973955
Depreciation and Amortization	\$4990019	Interest Expense	\$-334772
Bad Debt	\$1649871	Other Expenses	\$37421794
Total Operating Expenses	\$71619879		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$111020	Total Assets	\$227135686
Net Non-operating Gains over Loss	\$43123509	Total Liabilities	\$184012177

Total Net Gains	\$43234529
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$98742103	\$80199326	\$18542777
Medicaid	\$29021845	\$24459745	\$4562100
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$123378345	\$73071308	\$50307037
Total	\$251142293	\$177730379	\$73411914

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	\$972184	
HCI Payments	\$0		
Subtotal	\$0	\$972184	\$-972184
Medicaid Shortfalls	\$4033503	\$7766813	
Subtotal	\$4033503	\$8738997	\$-4705494
DSH Payments	\$0		
Subtotal	\$4033503	\$8738997	\$-4705494
Medicare Shortfalls	\$17283685	\$26535765	
Other Government Programs	\$0	\$0	
Total	\$21317188	\$35274762	\$-13957574

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	\$113635	\$-113635
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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