



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 CRAWFORDSVILLE

City of Hospital: Crawfordsville

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (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	\$50456389
Outpatient Patient Service Revenue	\$221184228
Total Gross Patient Service Revenue	\$271640617

2. Deductions From Revenue

Contractual Allowance	\$186442186
Other Deductions	\$10154824
Total Deductions	\$196597010

3. Total Operating Revenue

Net Patient Service Revenue	\$75043607
Other Operating Revenue	\$2484504
Total Operating Revenue	\$77528111

4. Operating Expenses

Salaries and Wages	\$19644888	Employee Benefits	\$5169314
Depreciation and Amortization	\$3884097	Interest Expense	\$1182272
Bad Debt	\$1018693	Other Expenses	\$31411280
Total Operating Expenses	\$62310544		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15217567	Total Assets	\$70929961
Net Non-operating Gains over Loss	\$329325	Total Liabilities	\$8296709
Total Net Gains	\$15546892		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$137640997	\$25930911	\$111710086
Medicaid	\$47235786	\$9502316	\$37733470
Other Government	\$1531380	\$709163	\$822217
Other State	\$0	\$0	\$0
Other Payers	\$85232455	\$49055636	\$36176819
Total	\$271640618	\$85198026	\$186442592

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$44385	\$-44385

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	\$17298	\$-17298
Hospital Patients	\$0	\$0	\$0
Community Education	\$98409	\$732230	\$-633821

Number of Medical Professionals Trained	16
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	6386

Statement Six: Charity Statement

Hospital Charity Charges	\$8533685
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1690990	
HCI Payments	\$0		
Subtotal	\$0	\$1690990	\$-1690990
Medicaid Shortfalls	\$8815781	\$13582756	
Subtotal	\$8815781	\$15273746	\$-6457965
DSH Payments	\$0		

	Subtotal	\$8815781	\$15273746	\$-6457965
Medicare Shortfalls		\$22836535	\$27086205	
Other Government Programs		\$0	\$0	
	Total	\$31652316	\$42359951	\$-10707635

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	\$3136745	\$6458427	\$-3321682

Comments

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