Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. FRANCIS HEALTH (BEECH GROVE)
City of Hospital: Beech Grove
Year Begin: 01/01/2010 *(mm/dd/yyyy format)*
Year End: 12/31/2010 *(mm/dd/yyyy format)*
Medicare Provider Number: 15-0033

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$294663898
Outpatient Patient Service Revenue	$244796732
Total Gross Patient Service Revenue	$539460630

2. Deductions From Revenue

Contractual Allowance	$552127519
Other Deductions	$12979710
Total Deductions	$565107229

3. Total Operating Revenue

Net Patient Service Revenue	$-25646599
Other Operating Revenue	$48396182
Total Operating Revenue	$22749583

4. Operating Expenses

Salaries and Wages	$99405798	Employee Benefits	$28015932
Depreciation and Amortization	$13134757	Interest Expense	$6356945
Bad Debt	$28202024	Other Expenses	$132892608
Total Operating Expenses	$308008064		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$-285258481	Total Assets	$106483694
Net Non-operating Gains over Loss	$537534	Total Liabilities	$-52238554
Total Net Gains	$-284720947		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	$228063933	$166493457	$61570476
Medicaid	$57835908	$79260801	$-21424893
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$253560788	$319352971	$-65792183
Total	$539460629	$565107229	$-25646600

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$318233	$148350	$169883

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	$417176	$694603	$-277427

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	$1635025	$7885203	$-6250178
Hospital Patients	$0	$0	$0
Community Education	$70164	$1701060	$-1630896

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

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$5882834	
HCI Payments	$0		
Subtotal	$0	$5882834	$-5882834
Medicaid Shortfalls	$7449259	$27536203	
Subtotal	$7449259	$33419037	$-25969778
DSH Payments	$0		
Subtotal	$7449259	$33419037	$-25969778
Medicare Shortfalls	$46093674	$57429480	
Other Government Programs	$0	$0	
Total	$53542933	$90848517	$-37305584

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$333844	$727588	$-393744
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$0	$0
Other Allocations	$18864689	$48488477	$-29623788