



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* St. Francis Hospitals & Health Centers (Beech Grove)

*City of Hospital:* Beech Grove

*Year Begin:* 01012007

*Year End:* 12312007

*Person Completing the Report:* Gary Worth

*Email Address:* gary.worth@ssfhs.org

*Medicare Provider Number:* 15-0033

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$341,202,433
Outpatient Patient Service Revenue	\$30,754,836
Total Gross Patient Service Revenue	\$371,957,269

#### 2. Deductions From Revenue

Contractual Allowance	\$375,436,235
Other Deductions	\$29,398,500
Total Deductions	\$404,834,735

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$238,122,534
Other Operating Revenue	\$30,859,359
Total Operating Revenue	\$268,981,893

#### 4. Operating Expenses

Salaries and Wages	\$127,503,119	Employee Benefits	\$34,555,050
Depreciation and Amortization	\$19,468,282	Interest Expense	\$6,158,252
Bad Debt	\$6,745,854	Other Expenses	\$129,528,248
Total Operating Expenses	\$323,958,805		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	(\$54,976,912)	Total Assets	\$200,830,636
Net Non-operating Gains over Loss	\$25,757,810	Total Liabilities	\$48,229,529
Total Net Gains	(\$29,219,102)		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient	Contractual	Net Patient
----------------	---------------	-------------	-------------

	Revenue	Allowance	Service Allowance
Medicare	\$203,771,913	\$133,992,867	\$69,779,046
Medicaid	\$51,438,922	\$39,122,679	\$12,316,243
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$387,746,434	\$231,719,189	\$156,027,245
Total	\$642,957,269	\$404,834,735	\$238,122,534

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$599,350	\$368,481	\$230,869

**Statement Four: Research Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$351,326	\$629,345	(\$278,019)

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3,224,973	\$7,228,562	(\$4,003,589)
Hospital Patients	\$0	\$0	\$0
Community Education	\$115,352	\$1,801,125	(\$1,685,773)

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	Less Costs to	Unreimbursed
--	---------------	---------------	--------------

	Clients	Hospital	Costs to Hospital
Charity Care	\$0	\$9,283,777	
HCI Payments	\$932,849		
Subtotal	\$932,849	\$9,283,777	(\$8,350,928)
Medicaid Shortfalls	\$12,316,243	\$18,212,029	
Subtotal	\$13,249,092	\$27,495,806	(\$14,246,714)
DSH Payments	\$0		
Subtotal	\$13,249,092	\$27,495,806	(\$14,246,714)
Medicare Shortfalls	\$69,779,046	\$103,182,275	
Other Government Programs	\$0	\$0	
Total	\$83,028,138	\$130,678,081	(\$47,649,943)

<b>Statement Seven: Subsidized Health Services for the Community</b>
--

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$939,331	\$1,594,026	(\$654,695)
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$27,990,140	\$38,580,716	(\$10,590,576)