



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN BEACON HOSPITAL

City of Hospital: LaPorte

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

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Medicare Provider Number: 150191

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|  |                   |
|--|-------------------|
| Inpatient Patient Service Revenue          | \$1009793         |
| Outpatient Patient Service Revenue         | \$33335535        |
| <b>Total Gross Patient Service Revenue</b> | <b>\$34345328</b> |

2. Deductions From Revenue

|                         |                   |
|-------------------------|-------------------|
| Contractual Allowance   | \$25176046        |
| Other Deductions        | \$1229524         |
| <b>Total Deductions</b> | <b>\$26405570</b> |

3. Total Operating Revenue

|                                |                  |
|--------------------------------|------------------|
| Net Patient Service Revenue    | \$7939758        |
| Other Operating Revenue        | \$6505           |
| <b>Total Operating Revenue</b> | <b>\$7946263</b> |

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$219257            | \$32                        |
| Medicaid                    | \$29352             | \$3                         |
| Commercial Insurance        | \$92120             | \$8                         |
| Self-pay                    | \$0                 | \$0                         |
| Any Other Category of Payer | \$6789              | \$1                         |
| <b>Total</b>                | <b>\$347518</b>     | <b>\$44</b>                 |

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

|  | Net Patient Revenue | Total Number of Paid Claims |
|--|---------------------|-----------------------------|
|  |                     |                             |

|                             |           |         |
|-----------------------------|-----------|---------|
| Medicare                    | \$1804976 | \$5549  |
| Medicaid                    | \$1608850 | \$3939  |
| Commercial Insurance        | \$4265406 | \$5139  |
| Self-pay                    | \$60799   | \$66    |
| Any Other Category of Payer | \$75214   | \$150   |
| Total                       | \$7815245 | \$14843 |

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

|                             | Total Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------------|-----------------------------|
| Medicare                    | \$2024233                 | \$5581                      |
| Medicaid                    | \$1638202                 | \$3942                      |
| Commercial Insurance        | \$4357526                 | \$5147                      |
| Self-pay                    | \$60799                   | \$66                        |
| Any Other Category of Payer | \$82003                   | \$151                       |
| Total                       | \$8162763                 | \$14887                     |

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$219257            | \$32                        |
| Medicaid                    | \$29352             | \$3                         |
| Commercial Insurance        | \$92120             | \$8                         |
| Self-pay                    | \$0                 | \$0                         |
| Any Other Category of Payer | \$6789              | \$1                         |
| Total                       | \$347518            | \$44                        |

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$1804976           | \$5549                      |
| Medicaid                    | \$1608850           | \$3939                      |
| Commercial Insurance        | \$4265406           | \$5139                      |
| Self-pay                    | \$60799             | \$66                        |
| Any Other Category of Payer | \$75214             | \$150                       |
| Total                       | \$7815245           | \$14843                     |

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

|                             | Total Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------------|-----------------------------|
| Medicare                    | \$2024233                 | \$5581                      |
| Medicaid                    | \$1638202                 | \$3942                      |
| Commercial Insurance        | \$4357526                 | \$5147                      |
| Self-pay                    | \$60799                   | \$66                        |
| Any Other Category of Payer | \$82003                   | \$151                       |
| Total                       | \$8162763                 | \$14887                     |

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$0                 | \$0                         |
| Medicaid                    | \$0                 | \$0                         |
| Commercial Insurance        | \$0                 | \$0                         |
| Self-pay                    | \$0                 | \$0                         |
| Any Other Category of Payer | \$0                 | \$0                         |
| Total                       | \$0                 | \$0                         |

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$0                 | \$0                         |
| Medicaid                    | \$0                 | \$0                         |
| Commercial Insurance        | \$0                 | \$0                         |
| Self-pay                    | \$0                 | \$0                         |
| Any Other Category of Payer | \$0                 | \$0                         |
| Total                       | \$0                 | \$0                         |

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

|                             | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare                    | \$0                 | \$0                         |
| Medicaid                    | \$0                 | \$0                         |
| Commercial Insurance        | \$0                 | \$0                         |
| Self-pay                    | \$0                 | \$0                         |
| Any Other Category of Payer | \$0                 | \$0                         |
| Total                       | \$0                 | \$0                         |

13. Operating Expenses

|                               |            |                   |           |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages            | \$3149143  | Employee Benefits | \$621057  |
| Depreciation and Amortization | \$1339534  | Interest Expense  | \$0       |
| Bad Debt                      | \$198090   | Other Expenses    | \$5992192 |
| Total Operating Expenses      | \$11300016 |                   |           |

14. Net Revenue and Expenses

|                                   |            |                   |            |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses      | \$-3353754 | Total Assets      | \$31559019 |
| Net Non-operating Gains over Loss | \$0        | Total Liabilities | \$31559019 |
| Total Net Gains                   | \$-3353754 |                   |            |

Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$13743048            | \$10903409            | \$2839639                     |
| Medicaid         | \$8296505             | \$6163388             | \$2133117                     |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$12305775            | \$9338773             | \$2967002                     |
| Total            | \$34345328            | \$26405570            | \$7939758                     |

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                 | \$0 |
| Number of Hospital Patients Educated                    | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

Statement Six: Charity Statement

|                          |     |
|--------------------------|-----|
| Hospital Charity Charges | \$0 |
|--------------------------|-----|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$404295              | \$0                    |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$404295              | \$0                    | \$404295                       |
| Medicaid Shortfalls       | \$446537              | \$0                    |                                |
| Subtotal                  | \$850832              | \$0                    | \$850832                       |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$850832              | \$0                    | \$850832                       |
| Medicare Shortfalls       | \$2113988             | \$0                    |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$2964820             | \$0                    | \$2964820                      |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$20237                     | \$-20237                |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$78768                     | \$-78768                |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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