



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: ST. VINCENT WARRICK HOSPITAL

City of Hospital: Booneville

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Aaron Corder

Email Address: aaron.corder@ascension.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11659419
Outpatient Patient Service Revenue	\$49765028
Total Gross Patient Service Revenue	\$61424447

2. Deductions From Revenue

Contractual Allowance	\$39286739
Other Deductions	\$687137
Total Deductions	\$39973876

3. Total Operating Revenue

Net Patient Service Revenue	\$21450572
Other Operating Revenue	\$970659
Total Operating Revenue	\$22421231

4. Operating Expenses

Salaries and Wages	\$6709092	Employee Benefits	\$1721003
Depreciation and Amortization	\$945063	Interest Expense	\$118250
Bad Debt	\$1690082	Other Expenses	\$11956556
Total Operating Expenses	\$23140046		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-718817	Total Assets	\$9429381
Net Non-operating Gains over Loss	\$-11007	Total Liabilities	\$10849788
Total Net Gains	\$-729824		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32873108	\$22340088	\$10533020
Medicaid	\$11760534	\$9856212	\$1904322
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$16790806	\$6899199	\$9891607
Total	\$61424448	\$39095499	\$22328949

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	\$64669	\$-64669

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	410
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$878376
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$284021	
HCI Payments	\$0		
Subtotal	\$0	\$284021	\$-284021
Medicaid Shortfalls	\$1640806	\$5299527	
Subtotal	\$1640806	\$5583548	\$-3942742
DSH Payments	\$0		

Subtotal	\$1640806	\$5583548	\$-3942742
Medicare Shortfalls	\$10130821	\$10629459	
Other Government Programs	\$0	\$0	
Total	\$11771627	\$16213007	\$-4441380

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$23230	\$-23230
Community Assessment	\$0	\$56672	\$-56672
Provision of Taxes	\$0	\$1496780	\$-1496780
Other Allocations	\$0	\$0	\$0

Comments