



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: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/0015 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

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Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$193012604
Outpatient Patient Service Revenue	\$385805511
Total Gross Patient Service Revenue	\$578818115

2. Deductions From Revenue

Contractual Allowance	\$297923161
Other Deductions	\$58409781
Total Deductions	\$356332942

3. Total Operating Revenue

Net Patient Service Revenue	\$222485174
Other Operating Revenue	\$10340948
Total Operating Revenue	\$232826122

4. Operating Expenses

Salaries and Wages	\$98411911	Employee Benefits	\$30106861
Depreciation and Amortization	\$17557944	Interest Expense	\$3548866
Bad Debt	\$22488230	Other Expenses	\$72049698
Total Operating Expenses	\$244163510		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-11337389	Total Assets	\$295311730
Net Non-operating Gains over Loss	\$4949557	Total Liabilities	\$107402986
Total Net Gains	\$-6387832		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$290595257	\$178896720	\$111698537
Medicaid	\$83678401	\$51514232	\$32164169
Other Government	\$2262421	\$1392795	\$869626
Other State	\$588386	\$362223	\$226163
Other Payers	\$201693652	\$124166972	\$77526680
Total	\$578818117	\$356332942	\$222485175

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$474477	\$56903	\$417574

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$5668	\$485	\$5183

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$81985	\$407338	\$-325353
Hospital Patients	\$0	\$5714	\$-5714
Community Education	\$12	\$162608	\$-162596

Number of Medical Professionals Trained	104
Number of Hospital Patients Educated	514403
Number of Citizens Exposed to Health Education Messages	96382

Statement Six: Charity Statement

Hospital Charity Charges	\$11242859
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4002458	
HCI Payments	\$0		
Subtotal	\$0	\$4002458	\$-4002458
Medicaid Shortfalls	\$23030406	\$29674576	
Subtotal	\$23030406	\$33677034	\$-10646628
DSH Payments	\$1,720,573		
Subtotal	\$24750979	\$33677034	\$-8926055
Medicare Shortfalls	\$84294852	\$103052772	
Other Government Programs	\$0	\$0	
Total	\$109045831	\$136729806	\$-27683975

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$197357	\$1038058	\$-840701
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$42947	\$-42947
Other Allocations	\$108249	\$322920	\$-214671

Comments