



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 CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Robyn Ganly

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Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9025752
Outpatient Patient Service Revenue	\$53381619
Total Gross Patient Service Revenue	\$62407371

2. Deductions From Revenue

Contractual Allowance	\$35752847
Other Deductions	\$5937670
Total Deductions	\$41690517

3. Total Operating Revenue

Net Patient Service Revenue	\$20716854
Other Operating Revenue	\$201839
Total Operating Revenue	\$20918693

4. Operating Expenses

Salaries and Wages	\$5407589	Employee Benefits	\$1648865
Depreciation and Amortization	\$685274	Interest Expense	\$245820
Bad Debt	\$0	Other Expenses	\$8751577
Total Operating Expenses	\$16739125		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4179566	Total Assets	\$49453967
Net Non-operating Gains over	\$49909	Total Liabilities	\$11128651

Loss	
Total Net Gains	\$4229475

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$27064959	\$17587876	\$9477083
Medicaid	\$10339364	\$9004612	\$1334752
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25003048	\$9160359	\$15842689
Total	\$62407371	\$35752847	\$26654524

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$61261	\$25081.87	\$36179.13

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	7
Number of Hospital Patients Educated	687
Number of Citizens Exposed to Health Education Messages	200

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$983624	
HCI Payments	\$0		
Subtotal	\$0	\$983624	\$-983624
Medicaid Shortfalls	\$0	\$1613014	
Subtotal	\$0	\$2596638	\$-2596638
DSH Payments	\$0		
Subtotal	\$0	\$2596638	\$-2596638
Medicare Shortfalls	\$0	\$-70789	
Other Government Programs	\$0	\$0	
Total	\$0	\$2525849	\$-2525849

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$98691	\$-98691
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments