



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 FISHERS HOSPITAL

City of Hospital: Fishers

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

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

Person Completing the Report: Stacey Allen

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Medicare Provider Number: 150181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26686683
Outpatient Patient Service Revenue	\$101021066
Total Gross Patient Service Revenue	\$127707749

2. Deductions From Revenue

Contractual Allowance	\$64569428
Other Deductions	\$7780916
Total Deductions	\$72350344

3. Total Operating Revenue

Net Patient Service Revenue	\$55357405
Other Operating Revenue	\$917126
Total Operating Revenue	\$56274531

4. Operating Expenses

Salaries and Wages	\$15807173	Employee Benefits	\$3590041
Depreciation and Amortization	\$3455763	Interest Expense	\$0
Bad Debt	\$3344835	Other Expenses	\$20205422
Total Operating Expenses	\$46403234		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9871297	Total Assets	\$74549674
Net Non-operating Gains over	\$13234	Total Liabilities	\$4705630

Loss	
Total Net Gains	\$9884531

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$31681363	\$24861933	\$6819430
Medicaid	\$12602777	\$11437109	\$1165668
Other Government	\$1931015	\$1532473	\$398542
Other State	\$0	\$0	\$0
Other Payers	\$81492594	\$34518827	\$46973767
Total	\$127707749	\$72350342	\$55357407

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$9000	\$-9000

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	\$345988	\$-345988
Community Education	\$0	\$41160	\$-41160

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	17126
Number of Citizens Exposed to Health Education Messages	12160

Statement Six: Charity Statement

Hospital Charity Charges	\$3891951
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1303941	
HCI Payments	\$0		
Subtotal	\$0	\$1303941	\$-1303941
Medicaid Shortfalls	\$0	\$3056708	
Subtotal	\$0	\$4360649	\$-4360649
DSH Payments	\$0		
Subtotal	\$0	\$4360649	\$-4360649
Medicare Shortfalls	\$0	\$3794945	
Other Government Programs	\$0	\$0	
Total	\$0	\$8155594	\$-8155594

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$66686	\$-66686
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments