



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 FRANKFORT HOSPITAL

City of Hospital: Frankfort

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

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

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

Medicare Provider Number: 151316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14755181
Outpatient Patient Service Revenue	\$52244605
<b>Total Gross Patient Service Revenue</b>	<b>\$66999786</b>

2. Deductions From Revenue

Contractual Allowance	\$33917483
Other Deductions	\$6797042
<b>Total Deductions</b>	<b>\$40714525</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$26285261
Other Operating Revenue	\$535025
<b>Total Operating Revenue</b>	<b>\$26820286</b>

4. Operating Expenses

Salaries and Wages	\$8015237	Employee Benefits	\$1993303
Depreciation and Amortization	\$294468	Interest Expense	\$15360
Bad Debt	\$2033453	Other Expenses	\$10882683
<b>Total Operating Expenses</b>	<b>\$23234504</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3585782	Total Assets	\$51199983
Net Non-operating Gains over	\$-440302	Total Liabilities	\$3445003

Loss	
Total Net Gains	\$3145480

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$27466742	\$17725568	\$9741174
Medicaid	\$13422638	\$9846051	\$3576587
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26110406	\$13142906	\$12967500
Total	\$66999786	\$40714525	\$26285261

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$504	\$-504

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	2
Number of Hospital Patients Educated	1643
Number of Citizens Exposed to Health Education Messages	1224

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$4342094
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1326720	
HCI Payments	\$0		
Subtotal	\$0	\$1326720	\$-1326720
Medicaid Shortfalls	\$0	\$912428	
Subtotal	\$0	\$2239148	\$-2239148
DSH Payments	\$0		
Subtotal	\$0	\$2239148	\$-2239148
Medicare Shortfalls	\$0	\$-83924	
Other Government Programs	\$0	\$0	
Total	\$0	\$2155224	\$-2155224

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$46424	\$-46424
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments