



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 EVANSVILLE HOSPITAL

City of Hospital: Evansville

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 150100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$790111505
Outpatient Patient Service Revenue	\$1204926848
<b>Total Gross Patient Service Revenue</b>	<b>\$1995038353</b>

2. Deductions From Revenue

Contractual Allowance	\$1360108168
Other Deductions	\$62604281
<b>Total Deductions</b>	<b>\$1422712449</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$555219922
Other Operating Revenue	\$13843886
<b>Total Operating Revenue</b>	<b>\$569063808</b>

4. Operating Expenses

Salaries and Wages	\$100797778	Employee Benefits	\$30076535
Depreciation and Amortization	\$14040150	Interest Expense	\$0

Bad Debt	\$17105983	Other Expenses	\$333286379
Total Operating Expenses	\$495306825		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$90862967	Total Assets	\$299963440
Net Non-operating Gains over Loss	\$84552	Total Liabilities	\$244149760
Total Net Gains	\$90947519		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$946982385	\$787670048	\$159312337
Medicaid	\$309570462	\$251043343	\$58527119
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$738485507	\$325477682	\$413007825
Total	\$1995038354	\$1364191073	\$630847281

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$5000	\$0	\$5000

#### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$720010	\$-720010
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$369673	\$-369673

Number of Medical Professionals Trained	\$1539
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$5441

**Statement Six: Charity Statement**

Hospital Charity Charges	\$58521376
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12917628	
HCI Payments	\$0		
Subtotal	\$0	\$12917628	\$-12917628
Medicaid Shortfalls	\$57567237	\$91715084	
Subtotal	\$57567237	\$104632712	\$-47065475
DSH Payments	\$0		
Subtotal	\$57567237	\$104632712	\$-47065475
Medicare Shortfalls	\$156597535	\$209030734	
Other Government Programs	\$0	\$0	
Total	\$214164772	\$313663446	\$-99498674

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$505689	\$-505689
Community Assessment	\$0	\$1000614	\$-1000614
Provision of Taxes	\$0	\$23382513	\$-23382513
Other Allocations	\$0	\$0	\$0

Comments

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