



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$274894532
Outpatient Patient Service Revenue	\$93423431
Total Gross Patient Service Revenue	\$368317963

2. Deductions From Revenue

Contractual Allowance	\$227814664
Other Deductions	\$9717551
Total Deductions	\$237532215

3. Total Operating Revenue

Net Patient Service Revenue	\$130785748
Other Operating Revenue	\$770977
Total Operating Revenue	\$131556725

4. Operating Expenses

Salaries and Wages	\$28595126	Employee Benefits	\$7675425
Depreciation and Amortization	\$4591395	Interest Expense	\$4591395
Bad Debt	\$4681631	Other Expenses	\$61286617
Total Operating Expenses	\$111421589		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22299300	Total Assets	\$81521287
Net Non-operating Gains over Loss	\$629620	Total Liabilities	\$55665846
Total Net Gains	\$22928920		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$217977235	\$168840881	\$49136354
Medicaid	\$9233268	\$13865444	\$-4632176
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$141107460	\$54825890	\$86281570
Total	\$368317963	\$237532215	\$130785748

Statement Three: Donations Statement

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

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	\$146478	\$-146478
Community Education	\$0	\$20106	\$-20106

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	5199
Number of Citizens Exposed to Health Education Messages	75718

Statement Six: Charity Statement

Hospital Charity Charges	\$7287034
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7287034	
HCI Payments	\$0		
Subtotal	\$0	\$7287034	\$-7287034
Medicaid Shortfalls	\$1835357	\$3216425	
Subtotal	\$1835357	\$10503459	\$-8668102
DSH Payments	\$0		
Subtotal	\$1835357	\$10503459	\$-8668102
Medicare Shortfalls	\$43919330	\$55337752	
Other Government Programs	\$0	\$0	
Total	\$45754687	\$65841211	\$-20086524

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$15019	\$-15019
Community Assessment	\$0	\$1003	\$-1003
Provision of Taxes	\$0	\$795202	\$-795202
Other Allocations	\$0	\$0	\$0