



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 RANDOLPH HOSPITAL

City of Hospital: Winchester

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

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

Medicare Provider Number: 15-1301, 15-Z301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16049024
Outpatient Patient Service Revenue	\$58730359
Total Gross Patient Service Revenue	\$74779383

2. Deductions From Revenue

Contractual Allowance	\$38804804
Other Deductions	\$2692886
Total Deductions	\$41497690

3. Total Operating Revenue

Net Patient Service Revenue	\$33281695
Other Operating Revenue	\$488489
Total Operating Revenue	\$33770184

4. Operating Expenses

Salaries and Wages	\$10867517	Employee Benefits	\$3373432
Depreciation and Amortization	\$1076782	Interest Expense	\$586585
Bad Debt	\$4603971	Other Expenses	\$9088384
Total Operating Expenses	\$29596671		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4173512	Total Assets	\$38216797
Net Non-operating Gains over Loss	\$1968045	Total Liabilities	\$19553983
Total Net Gains	\$6141557		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$29511348	\$17924472	\$11586876
Medicaid	\$14609299	\$9454488	\$5154811
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$30658737	\$14118730	\$16540007
Total	\$74779384	\$41497690	\$33281694

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$216212	\$251565	\$-35353

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	\$37681	\$-37681
Community Education	\$0	\$37363	\$-37363

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	14371
Number of Citizens Exposed to Health Education Messages	12500

Statement Six: Charity Statement

Hospital Charity Charges	\$5370826
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2082110	
HCI Payments	\$0		
Subtotal	\$0	\$2082110	\$-2082110
Medicaid Shortfalls	\$0	\$602847	
Subtotal	\$0	\$2684957	\$-2684957
DSH Payments	\$3,694,715		
Subtotal	\$3694715	\$2684957	\$1009758
Medicare Shortfalls	\$0	\$-96237	
Other Government Programs	\$0	\$0	
Total	\$3694715	\$2588720	\$1105995

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$234178	\$-234178
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0