



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 FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13583576
Outpatient Patient Service Revenue	\$52965536
Total Gross Patient Service Revenue	\$66549112

2. Deductions From Revenue

Contractual Allowance	\$31679307
Other Deductions	\$5860556
Total Deductions	\$37539863

3. Total Operating Revenue

Net Patient Service Revenue	\$29009249
Other Operating Revenue	\$934120
Total Operating Revenue	\$29943369

4. Operating Expenses

Salaries and Wages	\$9047160	Employee Benefits	\$2509576
Depreciation and Amortization	\$522577	Interest Expense	\$18745
Bad Debt	\$3644971	Other Expenses	\$11703684
Total Operating Expenses	\$27446713		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2496656	Total Assets	\$38882856
Net Non-operating Gains over Loss	\$-641264	Total Liabilities	\$7001723
Total Net Gains	\$1855392		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$25346781	\$16140318	\$9206463
Medicaid	\$11782709	\$9805392	\$1977317
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29419622	\$11594153	\$17825469
Total	\$66549112	\$37539863	\$29009249

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$9281	\$-9281

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	\$3185	\$26688	\$-23503
Community Education	\$0	\$58251	\$-58251

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	373
Number of Citizens Exposed to Health Education Messages	36014

Statement Six: Charity Statement

Hospital Charity Charges	\$3453913
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1221285	
HCI Payments	\$0		
Subtotal	\$0	\$1221285	\$-1221285
Medicaid Shortfalls	\$0	\$1526569	
Subtotal	\$0	\$2747854	\$-2747854
DSH Payments	\$0		
Subtotal	\$0	\$2747854	\$-2747854
Medicare Shortfalls	\$89625	\$0	
Other Government Programs	\$0	\$0	
Total	\$89625	\$2747854	\$-2658229

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$170	\$98097	\$-97927
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$12517	\$-12517
Other Allocations	\$0	\$0	\$0