



## 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 HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

*City of Hospital:* Indianapolis

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

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

*Medicare Provider Number:* 15-0084

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1635334848
Outpatient Patient Service Revenue	\$1173143025
Total Gross Patient Service Revenue	\$2808477873

#### 2. Deductions From Revenue

Contractual Allowance	\$1605342635
Other Deductions	\$86112412
Total Deductions	\$1691455047

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$1117022826
Other Operating Revenue	\$1189546515
Total Operating Revenue	\$2306569341

#### 4. Operating Expenses

Salaries and Wages	\$378969540	Employee Benefits	\$95389912
Depreciation and Amortization	\$33815545	Interest Expense	\$6426242
Bad Debt	\$51720011	Other Expenses	\$479912377
Total Operating Expenses	\$1046233627		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$143312888	Total Assets	\$1405855965
Net Non-operating Gains over Loss	\$-18180931	Total Liabilities	\$334405549
Total Net Gains	\$125131957		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$1005560593	\$744398886	\$261161707
Medicaid	\$396494603	\$342624845	\$53869758
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1406422678	\$604431316	\$801991362
Total	\$2808477874	\$1691455047	\$1117022827

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$140340	\$1973791	\$-1833451

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$1426696	\$325605	\$1101091

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$27809901	\$-27809901
Hospital Patients	\$0	\$3530000	\$-3530000
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	4865
Number of Hospital Patients Educated	35300
Number of Citizens Exposed to Health Education Messages	105900

### Statement Six: Charity Statement

Hospital Charity Charges	\$86112412
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$29142598	
HCI Payments	\$0		
Subtotal	\$0	\$29142598	\$-29142598
Medicaid Shortfalls	\$0	\$27938142	
Subtotal	\$0	\$57080740	\$-57080740
DSH Payments	\$0		
Subtotal	\$0	\$57080740	\$-57080740
Medicare Shortfalls	\$0	\$80211628	
Other Government Programs	\$0	\$0	
Total	\$0	\$137292368	\$-137292368

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5219678	\$-5219678
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$60067365	\$29829315	\$30238050
Other Allocations	\$0	\$0	\$0