



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: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

Email Address: sjordan@gshvin.org

Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$177243369
Outpatient Patient Service Revenue	\$294851220
Total Gross Patient Service Revenue	\$472094589

2. Deductions From Revenue

Contractual Allowance	\$216400112
Other Deductions	\$49517314
Total Deductions	\$265917426

3. Total Operating Revenue

Net Patient Service Revenue	\$206177164
Other Operating Revenue	\$8564050
Total Operating Revenue	\$214741214

4. Operating Expenses

Salaries and Wages	\$95788052	Employee Benefits	\$27013333
Depreciation and Amortization	\$9882759	Interest Expense	\$1014744
Bad Debt	\$20060384	Other Expenses	\$65868076
Total Operating Expenses	\$219627348		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4886135	Total Assets	\$300548264
Net Non-operating Gains over Loss	\$9777938	Total Liabilities	\$111013087
Total Net Gains	\$4891803		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$217925683	\$122751326	\$95174357
Medicaid	\$59285126	\$33393622	\$25891504
Other Government	\$2698248	\$1519846	\$1178402
Other State	\$342599	\$192977	\$149622
Other Payers	\$191842933	\$108059656	\$83783277
Total	\$472094589	\$265917427	\$206177162

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$394279	\$166489	\$227790

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$24932	\$2827	\$22105

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$101752	\$364041	\$-262289
Hospital Patients	\$0	\$8642	\$-8642
Community Education	\$0	\$314690	\$-314690

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Number of Medical Professionals Trained	311
Number of Hospital Patients Educated	484711
Number of Citizens Exposed to Health Education Messages	29918

Statement Six: Charity Statement

Hospital Charity Charges	\$16830405
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6496536	
HCI Payments	\$0		
Subtotal	\$0	\$6496536	\$-6496536
Medicaid Shortfalls	\$14432820	\$20786459	
Subtotal	\$14432820	\$27282995	\$-12850175
DSH Payments	\$3,831,732		
Subtotal	\$18264552	\$27282995	\$-9018443
Medicare Shortfalls	\$58061811	\$76884594	
Other Government Programs	\$0	\$0	
Total	\$76326363	\$104167589	\$-27841226

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$565338	\$-565338
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$177067	\$-177067
Other Allocations	\$53257	\$264097	\$-210840

Comments



