



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: ST. VINCENT HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	
Outpatient Patient Service Revenue	
Total Gross Patient Service Revenue	\$2985124692

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
Total Deductions	\$1857011128

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$2228389037

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$1039677133		

5. Net Revenue and Expenses

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Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$251683709		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$-413293481
Medicaid			\$66970271
Other Government			\$0
Other State			\$0
Other Payers			\$728668608
Total	\$2239356525	\$1857011127	\$382345398

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-1582523

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research			\$-711198

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$-21712417
Hospital Patients			\$-3535700
Community Education			\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	

Number of Citizens Exposed to Health Education Messages	
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Statement Six: Charity Statement

Hospital Charity Charges

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$30351763	\$-30351763
Medicaid Shortfalls			
Subtotal	\$0	\$90528860	\$-90528860
DSH Payments			
Subtotal	\$16211253	\$90528860	\$-74317607
Medicare Shortfalls			
Other Government Programs			
Total	\$16211253	\$172700458	\$-156489205

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-8010163
Community Assessment			\$0
Provision of Taxes			\$34545866.92
Other Allocations			\$0

Comments