



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 JENNINGS HOSPITAL

City of Hospital: North Vernon

Year Begin: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Cindy Byford

Email Address: cbyford@stvincent.org

Medicare Provider Number: 151303

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

Inpatient Patient Service Revenue	\$1453186
Outpatient Patient Service Revenue	\$17087409
Total Gross Patient Service Revenue	\$18540595

2. Deductions From Revenue

Contractual Allowance	\$12466386
Other Deductions	\$0
Total Deductions	\$12466386

3. Total Operating Revenue

Net Patient Service Revenue	\$6074209
Other Operating Revenue	\$140474
Total Operating Revenue	\$6214683

4. Operating Expenses

Salaries and Wages	\$1717555	Employee Benefits	\$507975
Depreciation and Amortization	\$154116	Interest Expense	\$111722
Bad Debt	\$1408115	Other Expenses	\$2375162
Total Operating Expenses	\$6274645		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-59961	Total Assets	\$19419187
Net Non-operating Gains over Loss	\$-122259	Total Liabilities	\$19419187
Total Net Gains	\$-182220		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$7147038	\$5328538	\$1818500
Medicaid	\$3930770	\$3830249	\$100521
Other Government	\$734558	\$551257	\$183301
Other State	\$0	\$0	\$0
Other Payers	\$6728229	\$4164457	\$2563772
Total	\$18540595	\$13874501	\$4666094

Statement Three: Donations Statement

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

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	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3465234	
HCI Payments	\$0		
Subtotal	\$0	\$3465234	\$-3465234
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$-58437	
Other Government Programs	\$0	\$0	
Total	\$0	\$-58437	\$58437

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$14786	\$-14786
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



