



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: SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

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

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

Person Completing the Report: Kristin Marks

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Medicare Provider Number: 152020

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

Inpatient Patient Service Revenue	\$122050926
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$122050926

## 2. Deductions From Revenue

Contractual Allowance	\$73736837
Other Deductions	\$0
Total Deductions	\$73736837

## 3. Total Operating Revenue

Net Patient Service Revenue	\$48314089
Other Operating Revenue	\$111820
Total Operating Revenue	\$48425909

## 4. Operating Expenses

Salaries and Wages	\$17461125	Employee Benefits	\$4958183
Depreciation and Amortization	\$1084130	Interest Expense	\$13599
Bad Debt	\$37742	Other Expenses	\$13393610
Total Operating Expenses	\$36948389		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11477520	Total Assets	\$99156675
Net Non-operating Gains over Loss	\$7786560	Total Liabilities	\$8411509
Total Net Gains	\$19264080		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$87061500	\$62934022	\$24127478
Medicaid	\$5048964	\$4542627	\$506337
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29940462	\$6260188	\$23680274
Total	\$122050926	\$73736837	\$48314089

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
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Hospital Charity Charges	\$891763
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$252466	
HCI Payments	\$0		
Subtotal	\$0	\$252466	\$-252466
Medicaid Shortfalls	\$0	\$1387892	
Subtotal	\$0	\$1640358	\$-1640358
DSH Payments	\$0		
Subtotal	\$0	\$1640358	\$-1640358
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$1640358	\$-1640358

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$41126	\$-41126
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



