



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT DUNN HOSPITAL

City of Hospital: Bedford

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

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Medicare Provider Number: 151335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10064215.08
Outpatient Patient Service Revenue	\$46829988.75
Total Gross Patient Service Revenue	\$56894203.83

2. Deductions From Revenue

Contractual Allowance	\$34396830.14
Other Deductions	\$0
Total Deductions	\$34396830.14

3. Total Operating Revenue

Net Patient Service Revenue	\$22497373.69
Other Operating Revenue	\$3496666.33
Total Operating Revenue	\$25994040.02

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1721053	\$174
Medicaid	\$1979310	\$336
Commercial Insurance	\$1094666	\$148
Self-pay	\$17769	\$3
Any Other Category of Payer	\$75659	\$8
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$5656241	\$6617
Medicaid	\$1997459	\$6743
Commercial Insurance	\$5254585	\$5200
Self-pay	\$188458	\$135
Any Other Category of Payer	\$347616	\$769
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$7377294	\$6791
Medicaid	\$3976770	\$7079
Commercial Insurance	\$6349250	\$5348
Self-pay	\$206228	\$138
Any Other Category of Payer	\$423275	\$777
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$6634617.1	Employee Benefits	\$1608736.94
Depreciation and Amortization	\$886369.35	Interest Expense	\$249723.23
Bad Debt	\$5388.95	Other Expenses	\$15200142.68
Total Operating Expenses	\$24584978.25		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1409061.77	Total Assets	\$10213106
Net Non-operating Gains over Loss	\$-5126.94	Total Liabilities	\$13616802
Total Net Gains	\$1403934.83		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21060678.91	\$13189066.48	\$7871612.43
Medicaid	\$19256577.08	\$10719288.72	\$8537288.36
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$16576947.84	\$7873372.86	\$8703574.98
Total	\$56894203.83	\$31781728.06	\$25112475.77

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	\$73199	\$-73199

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	527
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges \$850722

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$341616	
HCI Payments	\$0		
Subtotal	\$0	\$341616	\$-341616
Medicaid Shortfalls	\$8151680	\$9258603	
Subtotal	\$8151680	\$9600219	\$-1448539
DSH Payments	\$5,341,616		
Subtotal	\$13493296	\$9600219	\$3893077
Medicare Shortfalls	\$7403350	\$8457119	
Other Government Programs	\$0	\$0	
Total	\$20896646	\$18057338	\$2839308

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$20792	\$-20792
Community Assessment	\$0	\$59555	\$-59555
Provision of Taxes	\$0	\$1525938	\$-1525938
Other Allocations	\$0	\$0	\$0

Comments

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