



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 FISHERS HOSPITAL

City of Hospital: Fishers

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Brad Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 10-5181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$54542331
Outpatient Patient Service Revenue	\$195869876
Total Gross Patient Service Revenue	\$250412207

2. Deductions From Revenue

Contractual Allowance	\$165133848
Other Deductions	\$4139810
Total Deductions	\$169273658

3. Total Operating Revenue

Net Patient Service Revenue	\$75720558
Other Operating Revenue	\$1086925
Total Operating Revenue	\$76807483

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$5809946	\$517
Medicaid	\$1910564	\$283
Commercial Insurance	\$2832359	\$133
Self-pay	\$374969	\$85
Any Other Category of Payer	\$8939570	\$595
Total	\$19867408	\$1613

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9595007	\$10805
Medicaid	\$4724874	\$5973
Commercial Insurance	\$2306947	\$2110
Self-pay	\$392245	\$1990
Any Other Category of Payer	\$38834077	\$16949
Total	\$55853149	\$37827

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	\$15404953	\$11322
Medicaid	\$6635438	\$6256
Commercial Insurance	\$5139306	\$2243
Self-pay	\$767214	\$2075
Any Other Category of Payer	\$47773647	\$17544
Total	\$75720557	\$39440

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	\$15243328	Employee Benefits	\$2917703
Depreciation and Amortization	\$3604243	Interest Expense	\$0
Bad Debt	\$5417991	Other Expenses	\$38930581
Total Operating Expenses	\$66113846		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$16111628	Total Assets	\$66841059
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$19341918
Total Net Gains	\$16111628		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$90240992	\$74836039	\$15404953
Medicaid	\$37785677	\$31150239	\$6635438
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$122385538	\$68705371	\$53680167
Total	\$250412207	\$174691649	\$75720558

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	\$79489	\$-79489
Hospital Patients	\$0	\$120681	\$-120681
Community Education	\$0	\$107893	\$-107893

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	1399
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$2487653
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$569026	
HCI Payments	\$0		
Subtotal	\$0	\$569026	\$-569026
Medicaid Shortfalls	\$6713865	\$11746219	
Subtotal	\$6713865	\$12315245	\$-5601380
DSH Payments	\$0		
Subtotal	\$6713865	\$12315245	\$-5601380
Medicare Shortfalls	\$15446281	\$20641734	
Other Government Programs	\$0	\$0	
Total	\$22160146	\$32956979	\$-10796833

Statement Seven: Subsidized Health Services for the Community
---------------------------------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$38730	\$-38730
Community Assessment	\$0	\$148897	\$-148897
Provision of Taxes	\$0	\$3103119	\$-3103119
Other Allocations	\$0	\$0	\$0

Comments

//