



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 CARMEL HOSPITAL

City of Hospital: Carmel

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

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

Person Completing the Report: Stephanie Spencer

Email Address: saspence@stvincent.org

Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses
--

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$196653661
Outpatient Patient Service Revenue	\$181980184
Total Gross Patient Service Revenue	\$378633845

2. Deductions From Revenue

Contractual Allowance	\$204307082
Other Deductions	\$11759996
Total Deductions	\$216067078

3. Total Operating Revenue

Net Patient Service Revenue	\$162566767
Other Operating Revenue	\$713723
Total Operating Revenue	\$163280490

4. Operating Expenses

Salaries and Wages	\$41672987	Employee Benefits	\$10787882
Depreciation and Amortization	\$4048020	Interest Expense	\$677010
Bad Debt	\$5678171	Other Expenses	\$47112623
Total Operating Expenses	\$109976693		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$47575445	Total Assets	\$713896692
Net Non-operating Gains over Loss	\$63444402	Total Liabilities	\$39339131
Total Net Gains	\$111019847		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$96283300	\$76480026	\$19803274
Medicaid	\$24461870	\$20299911	\$4161959
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$257888676	\$119287141	\$138601535
Total	\$378633846	\$216067078	\$162566768

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$186000	\$-186000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$1000	\$959	\$41

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

--	--

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

Statement Six: Charity Statement

Hospital Charity Charges	\$7423749
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1898254	
HCI Payments	\$0		
Subtotal	\$0	\$1898254	\$-1898254
Medicaid Shortfalls	\$0	\$4881256	
Subtotal	\$0	\$6779510	\$-6779510
DSH Payments	\$0		
Subtotal	\$0	\$6779510	\$-6779510
Medicare Shortfalls	\$0	\$6264723	
Other Government Programs	\$0	\$0	
Total	\$0	\$13044233	\$-13044233

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$442589	\$-442589
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$4762807	\$5055962	\$-293155
Other Allocations	\$0	\$0	\$0

Comments