



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 ANDERSON REGIONAL HOSPITAL, INC.

City of Hospital: Anderson

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Kathy Zambos

Email Address: kathy.zambos@stvincent.org

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$201833942
Outpatient Patient Service Revenue	\$435541333
Total Gross Patient Service Revenue	\$637375275

2. Deductions From Revenue

Contractual Allowance	\$400771544
Other Deductions	\$18924325
Total Deductions	\$419695869

3. Total Operating Revenue

Net Patient Service Revenue	\$217679406
Other Operating Revenue	\$3166841
Total Operating Revenue	\$220846247

4. Operating Expenses

Salaries and Wages	\$59986353	Employee Benefits	\$15943753
Depreciation and Amortization	\$5894286	Interest Expense	\$470840
Bad Debt	\$9109117	Other Expenses	\$104080876
Total Operating Expenses	\$195485225		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$25361022	Total Assets	\$145960582
Net Non-operating Gains over Loss	\$-1808599	Total Liabilities	\$36694379

Total Net Gains	\$23552423
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$321524762	\$245093771	\$76430991
Medicaid	\$70112059	\$41574684	\$28537375
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$245738454	\$142136530	\$103601924
Total	\$637375275	\$428804985	\$208570290

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$621550	\$564094	\$57456

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$27699	\$169683	\$-141984

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	\$2980	\$-2980
Community Education	\$0	\$239489	\$-239489

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	166
Number of Citizens Exposed to Health Education Messages	3603

Statement Six: Charity Statement

Hospital Charity Charges	\$18924325
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6789691	
HCI Payments	\$0		
Subtotal	\$0	\$6789691	\$-6789691
Medicaid Shortfalls	\$28537375	\$25776603	
Subtotal	\$28537375	\$32566294	\$-4028919
DSH Payments	\$1,690,668		
Subtotal	\$30228043	\$32566294	\$-2338251
Medicare Shortfalls	\$76430990	\$94198139	
Other Government Programs	\$0	\$0	
Total	\$106659033	\$126764433	\$-20105400

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$368354	\$-368354
Community Assessment	\$0	\$58754	\$-58754
Provision of Taxes	\$0	\$6674054	\$-6674054
Other Allocations	\$0	\$0	\$0

Comments

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