



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 FRANKFORT HOSPITAL

City of Hospital: Frankfort, IN

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

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

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

Medicare Provider Number: 151316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10933274
Outpatient Patient Service Revenue	\$54975625
Total Gross Patient Service Revenue	\$65908899

2. Deductions From Revenue

Contractual Allowance	\$36079262
Other Deductions	\$5274459
Total Deductions	\$41353721

3. Total Operating Revenue

Net Patient Service Revenue	\$24555178
Other Operating Revenue	\$472366
Total Operating Revenue	\$25027544

4. Operating Expenses

Salaries and Wages	\$6906900	Employee Benefits	\$1635791
Depreciation and Amortization	\$370558	Interest Expense	\$15034
Bad Debt	\$2519817	Other Expenses	\$11133546
Total Operating Expenses	\$22581646		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2445898	Total Assets	\$50185576
Net Non-operating Gains over Loss	\$-1288629	Total Liabilities	\$3901243

Total Net Gains	\$1157269
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25290796	\$16373327	\$8917469
Medicaid	\$19762042	\$15233469	\$4528573
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20856061	\$9746925	\$11109136
Total	\$65908899	\$41353721	\$24555178

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$590	\$-590

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

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	588
Number of Citizens Exposed to Health Education Messages	2119

Statement Six: Charity Statement

Hospital Charity Charges	\$3285138
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$962191	
HCI Payments	\$0		
Subtotal	\$0	\$962191	\$-962191
Medicaid Shortfalls	\$0	\$1731003	
Subtotal	\$0	\$2693194	\$-2693194
DSH Payments	\$0		
Subtotal	\$0	\$2693194	\$-2693194
Medicare Shortfalls	\$0	\$-74075	
Other Government Programs	\$0	\$0	
Total	\$0	\$2619119	\$-2619119

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$65220	\$-65220
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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