



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 SALEM HOSPITAL, INC

City of Hospital: Salem

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

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

Person Completing the Report: Marla Hannah

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Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2312689
Outpatient Patient Service Revenue	\$51659336
Total Gross Patient Service Revenue	\$53972025

2. Deductions From Revenue

Contractual Allowance	\$31218079
Other Deductions	\$4775715
Total Deductions	\$35993794

3. Total Operating Revenue

Net Patient Service Revenue	\$17978231
Other Operating Revenue	\$205582
Total Operating Revenue	\$18183813

4. Operating Expenses

Salaries and Wages	\$6167456	Employee Benefits	\$1904196
Depreciation and Amortization	\$335645	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$8187746
Total Operating Expenses	\$16595043		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1588769	Total Assets	\$13141176
Net Non-operating Gains over Loss	\$-240594	Total Liabilities	\$13141176

Total Net Gains	\$1348175
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22399676	\$14628223	\$7771453
Medicaid	\$13201166	\$11911513	\$1289653
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18371183	\$9454058	\$8917125
Total	\$53972025	\$35993794	\$17978231

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5000	\$-5000

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	\$519	\$-519
Hospital Patients	\$0	\$0	\$0
Community Education	\$520	\$1500	\$-980

Number of Medical Professionals Trained	96
Number of Hospital Patients Educated	31
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$2144789
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$10500	\$-10500
Community Assessment	\$0	\$9800	\$-9800
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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