



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 JENNINGS HOSPITAL

City of Hospital: North Vernon

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2939604
Outpatient Patient Service Revenue	\$59167287
Total Gross Patient Service Revenue	\$62106891

2. Deductions From Revenue

Contractual Allowance	\$45856064
Other Deductions	\$992373
Total Deductions	\$46848437

3. Total Operating Revenue

Net Patient Service Revenue	\$15258454
Other Operating Revenue	\$580137
Total Operating Revenue	\$15838591

4. Operating Expenses

Salaries and Wages	\$3472751	Employee Benefits	\$1170346
Depreciation and Amortization	\$613237	Interest Expense	\$366900
Bad Debt	\$0	Other Expenses	\$8831365
Total Operating Expenses	\$14454599		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1383992	Total Assets	\$11484698
Net Non-operating Gains over Loss	\$2284	Total Liabilities	\$13443141

Total Net Gains	\$1386276
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24503502	\$17402219	\$7101283
Medicaid	\$18753189	\$17559589	\$1193600
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18850200	\$11886629	\$6963571
Total	\$62106891	\$46848437	\$15258454

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$139	\$4935	\$-4796

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	\$88503	\$-88503

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	194

Statement Six: Charity Statement

Hospital Charity Charges	\$6882404
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1490224	
HCI Payments	\$0		
Subtotal	\$0	\$1490224	\$-1490224
Medicaid Shortfalls	\$1193599	\$4711377	
Subtotal	\$1193599	\$6201601	\$-5008002
DSH Payments	\$0		
Subtotal	\$1193599	\$6201601	\$-5008002
Medicare Shortfalls	\$5358717	\$5305660	
Other Government Programs	\$0	\$0	
Total	\$6552316	\$11507261	\$-4954945

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$106983	\$-106983
Community Assessment	\$0	\$3671	\$-3671
Provision of Taxes	\$0	\$650813	\$-650813
Other Allocations	\$0	\$0	\$0

Comments