



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 WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Aaron Corder

Email Address: aaron.corder@ascension.org

Medicare Provider Number: 15-1307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10280252
Outpatient Patient Service Revenue	\$70385068
Total Gross Patient Service Revenue	\$80665320

2. Deductions From Revenue

Contractual Allowance	\$55090877
Other Deductions	\$1167464
Total Deductions	\$56258341

3. Total Operating Revenue

Net Patient Service Revenue	\$24406979
Other Operating Revenue	\$1894798
Total Operating Revenue	\$26301777

4. Operating Expenses

Salaries and Wages	\$8910629	Employee Benefits	\$2074891
Depreciation and Amortization	\$858685	Interest Expense	\$138292
Bad Debt	\$2433443	Other Expenses	\$12258852
Total Operating Expenses	\$26674792		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-373014	Total Assets	\$9283008
Net Non-operating Gains over Loss	\$-4895	Total Liabilities	\$8151670
Total Net Gains	\$-377909		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39976579	\$30675884	\$9300695
Medicaid	\$15710890	\$13136833	\$2574057
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18770995	\$8591414	\$10179581
Total	\$74458464	\$52404131	\$22054333

Statement Three: Donations Statement

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

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	\$5333	\$-5333
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$101490	\$-101490

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	391
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$975375
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$229155	
HCI Payments	\$0		
Subtotal	\$0	\$229155	\$-229155
Medicaid Shortfalls	\$2233353	\$5186542	
Subtotal	\$2233353	\$5415697	\$-3182344
DSH Payments	\$0		

	Subtotal	\$2233353	\$5415697	\$-3182344
Medicare Shortfalls		\$8752789	\$9392134	
Other Government Programs		\$0	\$0	
	Total	\$10986142	\$14807831	\$-3821689

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$57415	\$-57415
Community Assessment	\$0	\$54902	\$-54902
Provision of Taxes	\$0	\$1495411	\$-1495411
Other Allocations	\$0	\$0	\$0

Comments