



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$270047761
Outpatient Patient Service Revenue	\$84333564
Total Gross Patient Service Revenue	\$354381325

2. Deductions From Revenue

Contractual Allowance	\$213916697
Other Deductions	\$6872978
Total Deductions	\$220789675

3. Total Operating Revenue

Net Patient Service Revenue	\$133591650
Other Operating Revenue	\$521926
Total Operating Revenue	\$134113576

4. Operating Expenses

Salaries and Wages	\$28667973	Employee Benefits	\$7522536
Depreciation and Amortization	\$5403395	Interest Expense	\$1757475
Bad Debt	\$7553592	Other Expenses	\$60830925
Total Operating Expenses	\$111735896		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22377680	Total Assets	\$86996168
Net Non-operating Gains over Loss	\$410427	Total Liabilities	\$59082439
Total Net Gains	\$22788107		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$209331860	\$157726695	\$51605165
Medicaid	\$6583649	\$9727027	\$-3143378
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$138465816	\$53335955	\$85129861
Total	\$354381325	\$220789677	\$133591648

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	\$47713	\$51266	\$-3553

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	\$148194	\$-148194
Community Education	\$0	\$20215	\$-20215

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	5736
Number of Citizens Exposed to Health Education Messages	88007

Statement Six: Charity Statement

Hospital Charity Charges	\$6991765
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6991765	
HCI Payments	\$0		
Subtotal	\$0	\$6991765	\$-6991765
Medicaid Shortfalls	\$1875893	\$32127050	
Subtotal	\$1875893	\$32127050	\$-30251157
DSH Payments	\$0		
Subtotal	\$1875893	\$32127050	\$-30251157
Medicare Shortfalls	\$46690420	\$58000047	
Other Government Programs	\$0	\$0	
Total	\$48566313	\$90127097	\$-41560784

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$44431	\$-44431
Community Assessment	\$0	\$2523	\$-2523
Provision of Taxes	\$0	\$807527	\$-807527
Other Allocations	\$0	\$0	\$0