



## 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 HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

*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:* 15-0084

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1306075508
Outpatient Patient Service Revenue	\$919286987
Total Gross Patient Service Revenue	\$2225362495

#### 2. Deductions From Revenue

Contractual Allowance	\$1239043151
Other Deductions	\$71599218
Total Deductions	\$1310642369

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$914720127
Other Operating Revenue	\$972776342
Total Operating Revenue	\$1887496469

#### 4. Operating Expenses

Salaries and Wages	\$332163130	Employee Benefits	\$90167706
Depreciation and Amortization	\$35773019	Interest Expense	\$6114701
Bad Debt	\$25088712	Other Expenses	\$388082118
Total Operating Expenses	\$877389386		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$95386956	Total Assets	\$1242620506
Net Non-operating Gains over Loss	\$92196667	Total Liabilities	\$389072786
Total Net Gains	\$187583623		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$772858420	\$547472624	\$225385796
Medicaid	\$337002203	\$293536887	\$43465316
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1115501872	\$469632858	\$645869014
Total	\$2225362495	\$1310642369	\$914720126

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2571878	\$1794185	\$777693

**Statement Four: Research Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$330259	\$157067	\$173192

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$21994508	\$-21994508
Hospital Patients	\$0	\$29830000	\$-29830000
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	4380
Number of Hospital Patients Educated	29830
Number of Citizens Exposed to Health Education Messages	89490

**Statement Six: Charity Statement**

Hospital Charity Charges	\$71599218
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$26479504	
HCI Payments	\$0		
Subtotal	\$0	\$26479504	\$-26479504
Medicaid Shortfalls	\$0	\$56995246	
Subtotal	\$0	\$83474750	\$-83474750
DSH Payments	\$0		
Subtotal	\$0	\$83474750	\$-83474750
Medicare Shortfalls	\$0	\$60823782	
Other Government Programs	\$0	\$0	
Total	\$0	\$144298532	\$-144298532

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4652396	\$-4652396
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0