



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 CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$184599618	Contractual Allowance	\$184724925
Outpatient Patient Service Revenue	\$148860624	Other Deductions	\$6473025
Total Gross Patient Service Revenue	\$333460242	Total Deductions	\$191197950

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$142262292
Other Operating Revenue	\$15456909
Total Operating Revenue	\$157719201

4. Operating Expenses

Salaries and Wages	\$43412414	Employee Benefits	\$14185645
Depreciation and Amortization	\$4890609	Interest Expense	\$862853
Bad Debt	\$6679177	Other Expenses	\$44413154
Total Operating Expenses	\$114443852		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$43275349	Total Assets	\$546080595
Net Non-operating Gains over Loss	\$69601358	Total Liabilities	\$43204106
Total Net Gains	\$112876707		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$95480551	\$75119533	\$20361018
Medicaid	\$18488696	\$18504500	\$-15804
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$219490995	\$97573917	\$121917078
Total	\$333460242	\$191197950	\$142262292

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$3854	\$96811	\$-92957

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$8000	\$-8813	\$16813

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	\$464400	\$-464400
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	4644
Number of Citizens Exposed to Health Education Messages	13932

Statement Six: Charity Statement

Hospital Charity Charges	\$6473025
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2142584	
HCI Payments	\$0		
Subtotal	\$0	\$2142584	\$-2142584
Medicaid Shortfalls	\$0	\$4328988	
Subtotal	\$0	\$6471572	\$-6471572
DSH Payments	\$0		
Subtotal	\$0	\$6471572	\$-6471572
Medicare Shortfalls	\$0	\$11240919	
Other Government Programs	\$0	\$0	
Total	\$0	\$17712491	\$-17712491

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$557873	\$-557873
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0