



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

Year End: 06/30/2011 (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	\$1482196736
Outpatient Patient Service Revenue	\$1124288754
Total Gross Patient Service Revenue	\$2606485490

2. Deductions From Revenue

Contractual Allowance	\$1477452377
Other Deductions	\$72347915
Total Deductions	\$1549800292

3. Total Operating Revenue

Net Patient Service Revenue	\$1056685198
Other Operating Revenue	\$63623232
Total Operating Revenue	\$1120308430

4. Operating Expenses

Salaries and Wages	\$347055949	Employee Benefits	\$98062166
Depreciation and Amortization	\$34014774	Interest Expense	\$7481477
Bad Debt	\$56477948	Other Expenses	\$442092283
Total Operating Expenses	\$985184597		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$135123832	Total Assets	\$1385697180
Net Non-operating Gains over Loss	\$126949954	Total Liabilities	\$319680617
Total Net Gains	\$262073786		

Statement Two: Contractual Allowance

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

Medicare	\$933106681	\$682700387	\$250406294
Medicaid	\$372097328	\$322484514	\$49612814
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1301281480	\$544615392	\$756666088
Total	\$2606485489	\$1549800293	\$1056685196

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$386363	\$1901924	\$-1515561

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$706881	\$306998	\$399883

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$24780066	\$-24780066
Hospital Patients	\$0	\$3132500	\$-3132500
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	4337
Number of Hospital Patients Educated	31325
Number of Citizens Exposed to Health Education Messages	93975

Statement Six: Charity Statement

Hospital Charity Charges	\$72347915
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$24726418	
HCI Payments	\$0		
Subtotal	\$0	\$24726418	\$-24726418
Medicaid Shortfalls	\$0	\$50853238	
Subtotal	\$0	\$75579656	\$-75579656
DSH Payments	\$0		
Subtotal	\$0	\$75579656	\$-75579656
Medicare Shortfalls	\$0	\$69644870	
Other Government Programs	\$0	\$0	
Total	\$0	\$145224526	\$-145224526

Statement Seven: Subsidized Health Services for the Community
--

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4808554	\$-4808554
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0