



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 MERCY HOSPITAL, INC.

City of Hospital: Elwood

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

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

Medicare Provider Number: 151308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8446213
Outpatient Patient Service Revenue	\$46228056
Total Gross Patient Service Revenue	\$54674269

2. Deductions From Revenue

Contractual Allowance	\$28214269
Other Deductions	\$1139893
Total Deductions	\$29354162

3. Total Operating Revenue

Net Patient Service Revenue	\$25320107
Other Operating Revenue	\$396163
Total Operating Revenue	\$25716270

4. Operating Expenses

Salaries and Wages	\$10646010	Employee Benefits	\$3634652
Depreciation and Amortization	\$923253	Interest Expense	\$471416
Bad Debt	\$3220565	Other Expenses	\$11445554
Total Operating Expenses	\$30341450		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-990528	Total Assets	\$24943719
Net Non-operating Gains over Loss	\$929090	Total Liabilities	\$24943719
Total Net Gains	\$-61438		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22311618	\$11056949	\$11254669
Medicaid	\$8040167	\$7237970	\$802197
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24322484	\$11059243	\$13263241
Total	\$54674269	\$29354162	\$25320107

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$69227.93	\$180047	\$-110819.07

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	\$0	\$0
Hospital Patients	\$0	\$11630	\$-11630
Community Education	\$0	\$26019	\$-26019

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	34822
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$4442674
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1873021	
HCI Payments	\$0		
Subtotal	\$0	\$1873021	\$-1873021
Medicaid Shortfalls	\$0	\$2389164	
Subtotal	\$0	\$4262185	\$-4262185
DSH Payments	\$0		
Subtotal	\$0	\$4262185	\$-4262185
Medicare Shortfalls	\$0	\$-94065	
Other Government Programs	\$0	\$0	
Total	\$0	\$4168120	\$-4168120

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$60093	\$-60093
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$81859	\$-81859