



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Stephanie Spencer

Email Address: saspence@stvincent.org

Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$201888282
Outpatient Patient Service Revenue	\$234026888
Total Gross Patient Service Revenue	\$435915170

2. Deductions From Revenue

Contractual Allowance	\$236548933
Other Deductions	\$13617224
Total Deductions	\$250166157

3. Total Operating Revenue

Net Patient Service Revenue	\$185749013
Other Operating Revenue	\$3331363
Total Operating Revenue	\$189080376

4. Operating Expenses

Salaries and Wages	\$47428101	Employee Benefits	\$12331237
Depreciation and Amortization	\$4576875	Interest Expense	\$742054
Bad Debt	\$3307950	Other Expenses	\$72724642
Total Operating Expenses	\$141110859		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$44469946	Total Assets	\$642516588
Net Non-operating Gains over Loss	\$40600390	Total Liabilities	\$38864392
Total Net Gains	\$85070336		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$109024273	\$87230026	\$21794247
Medicaid	\$21310784	\$18956962	\$2353822
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$305580111	\$143979168	\$161600943
Total	\$435915168	\$250166156	\$185749012

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$169000	\$-169000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$2450	\$7122	\$-4672

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	\$0	\$0
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$9893278
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3061883	
HCI Payments	\$0		
Subtotal	\$0	\$3061883	\$-3061883
Medicaid Shortfalls	\$0	\$6072165	
Subtotal	\$0	\$9134048	\$-9134048
DSH Payments	\$0		
Subtotal	\$0	\$9134048	\$-9134048
Medicare Shortfalls	\$0	\$11947807	
Other Government Programs	\$0	\$0	
Total	\$0	\$21081855	\$-21081855

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$355594	\$-355594
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$3863806	\$4075791	\$-211985
Other Allocations	\$0	\$0	\$0

Comments