



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 FISHERS HOSPITAL

City of Hospital: Fishers

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

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

Person Completing the Report: Stacey Allen

Email Address: smwrigh2@stvincent.org

Medicare Provider Number: 150181

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

Inpatient Patient Service Revenue	\$3346698
Outpatient Patient Service Revenue	\$15557344
Total Gross Patient Service Revenue	\$18904042

2. Deductions From Revenue

Contractual Allowance	\$7559175
Other Deductions	\$3667528
Total Deductions	\$11226703

3. Total Operating Revenue

Net Patient Service Revenue	\$7677339
Other Operating Revenue	\$735875
Total Operating Revenue	\$8413214

4. Operating Expenses

Salaries and Wages	\$3636306	Employee Benefits	\$757294
Depreciation and Amortization	\$876847	Interest Expense	\$0
Bad Debt	\$1062923	Other Expenses	\$4413602
Total Operating Expenses	\$10746972		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2333758	Total Assets	\$66703148
Net Non-operating Gains over Loss	\$-12377	Total Liabilities	\$3452393
Total Net Gains	\$-2346135		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$4734835	\$2930210	\$1804625
Medicaid	\$1642129	\$926824	\$715305
Other Government	\$413213	\$380961	\$32252
Other State	\$0	\$0	\$0
Other Payers	\$12113865	\$7875870	\$4237995
Total	\$18904042	\$12113865	\$6790177

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1770	\$-1770

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	\$58470	\$-58470
Community Education	\$0	\$5500	\$-5500

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	3535
Number of Citizens Exposed to Health Education Messages	700

Statement Six: Charity Statement

Hospital Charity Charges	\$668728
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$331260	
HCI Payments	\$0		
Subtotal	\$0	\$331260	\$-331260
Medicaid Shortfalls	\$0	\$356442	
Subtotal	\$0	\$687702	\$-687702
DSH Payments	\$0		
Subtotal	\$0	\$687702	\$-687702
Medicare Shortfalls	\$0	\$540817	
Other Government Programs	\$0	\$0	
Total	\$0	\$1228519	\$-1228519

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$14500	\$-14500
Community Assessment	\$0	\$5000	\$-5000
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



