



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 HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

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

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

Person Completing the Report: Bethany Morrow

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Medicare Provider Number: 15-0084

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

Inpatient Patient Service Revenue	\$1765115304
Outpatient Patient Service Revenue	\$1201516256
Total Gross Patient Service Revenue	\$2966631560

2. Deductions From Revenue

Contractual Allowance	\$1852784841
Other Deductions	\$0
Total Deductions	\$1852784841

3. Total Operating Revenue

Net Patient Service Revenue	\$1075241732
Other Operating Revenue	\$73864868
Total Operating Revenue	\$1149106600

4. Operating Expenses

Salaries and Wages	\$384645161	Employee Benefits	\$100712284
Depreciation and Amortization	\$34886140	Interest Expense	\$5168664
Bad Debt	\$38604989	Other Expenses	\$521203259
Total Operating Expenses	\$1085220497		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$99786544	Total Assets	\$1347941122
Net Non-operating Gains over Loss	\$62550276	Total Liabilities	\$323349999
Total Net Gains	\$162336820		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1094943277	\$831568231	\$263375046
Medicaid	\$452301876	\$380863369	\$71438507
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1419386407	\$640353241	\$779033166
Total	\$2966631560	\$1852784841	\$1113846719

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$562426	\$2192589	\$-1630163

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$749714	\$726762	\$22952

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$31749567	\$-31749567
Hospital Patients	\$0	\$3635200	\$-3635200
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	5449
Number of Hospital Patients Educated	36352
Number of Citizens Exposed to Health Education Messages	109056

Statement Six: Charity Statement

Hospital Charity Charges	\$106492485
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$34216614	
HCI Payments	\$0		
Subtotal	\$0	\$34216614	\$-34216614
Medicaid Shortfalls	\$0	\$40708909	
Subtotal	\$0	\$74925523	\$-74925523
DSH Payments	\$0		
Subtotal	\$0	\$74925523	\$-74925523
Medicare Shortfalls	\$0	\$91299580	
Other Government Programs	\$0	\$0	
Total	\$0	\$166225103	\$-166225103

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4167960	\$-4167960
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$71117280	\$38950401	\$32166879
Other Allocations	\$0	\$0	\$0

Comments



