



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 CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Robyn Ganly

Email Address: rlganly@stvincent.org

Medicare Provider Number: 151309

## Statement One: Summary of Revenue and Expenses

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7561535
Outpatient Patient Service Revenue	\$47812993
Total Gross Patient Service Revenue	\$55374528

## 2. Deductions From Revenue

Contractual Allowance	\$29536576
Other Deductions	\$5987430
Total Deductions	\$35524006

## 3. Total Operating Revenue

Net Patient Service Revenue	\$19850522
Other Operating Revenue	\$163713
Total Operating Revenue	\$20014235

## 4. Operating Expenses

Salaries and Wages	\$5421161	Employee Benefits	\$1599310
Depreciation and Amortization	\$568655	Interest Expense	\$253711
Bad Debt	\$0	Other Expenses	\$9683715
Total Operating Expenses	\$17526552		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2487682	Total Assets	\$51144740
Net Non-operating Gains over Loss	\$3843298	Total Liabilities	\$11254273
Total Net Gains	\$6330980		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23881725	\$15155971	\$8725754
Medicaid	\$9238118	\$7560192	\$1677926
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22226586	\$6820414	\$15406172
Total	\$55346429	\$29536577	\$25809852

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$350139	\$25407	\$324732

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

Number of Medical Professionals Trained	14
Number of Hospital Patients Educated	728
Number of Citizens Exposed to Health Education Messages	423

Statement Six: Charity Statement
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Hospital Charity Charges	\$4062072
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1162225	
HCI Payments	\$0		
Subtotal	\$0	\$1162225	\$-1162225
Medicaid Shortfalls	\$0	\$2282993	
Subtotal	\$0	\$3445218	\$-3445218
DSH Payments	\$0		
Subtotal	\$0	\$3445218	\$-3445218
Medicare Shortfalls	\$0	\$-69189	
Other Government Programs	\$0	\$0	
Total	\$0	\$3376029	\$-3376029

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$126260	\$-126260
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

