



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 FRANKFORT HOSPITAL

City of Hospital: Frankfort

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

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

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

Medicare Provider Number: 151316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13549869
Outpatient Patient Service Revenue	\$50381824
Total Gross Patient Service Revenue	\$63931693

2. Deductions From Revenue

Contractual Allowance	\$25626975
Other Deductions	\$6520242
Total Deductions	\$32147217

3. Total Operating Revenue

Net Patient Service Revenue	\$31784477
Other Operating Revenue	\$348849
Total Operating Revenue	\$32133326

4. Operating Expenses

Salaries and Wages	\$8020197	Employee Benefits	\$2103046
Depreciation and Amortization	\$418574	Interest Expense	\$15853
Bad Debt	\$2445773	Other Expenses	\$11961967
Total Operating Expenses	\$24965410		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7167915	Total Assets	\$55300473
Net Non-operating Gains over Loss	\$4744536	Total Liabilities	\$7613137
Total Net Gains	\$11912451		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25241690	\$14591799	\$10649891
Medicaid	\$13120711	\$5827402	\$7293309
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25569292	\$11728015	\$13841277
Total	\$63931693	\$32147216	\$31784477

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1969	\$-1969

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	2
Number of Hospital Patients Educated	2075
Number of Citizens Exposed to Health Education Messages	128

Statement Six: Charity Statement

Hospital Charity Charges	\$4875307
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1588914	
HCI Payments	\$0		
Subtotal	\$0	\$1588914	\$-1588914
Medicaid Shortfalls	\$0	\$-1792512	
Subtotal	\$0	\$-203598	\$203598
DSH Payments	\$0		
Subtotal	\$0	\$-203598	\$203598
Medicare Shortfalls	\$0	\$-83306	
Other Government Programs	\$0	\$0	
Total	\$0	\$-286904	\$286904

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$55657	\$-55657
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0