



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 MERCY HOSPITAL, INC.

City of Hospital: Elwood

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

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

Person Completing the Report: Sharon Church

Email Address: sfchurch@stvincent.org

Medicare Provider Number: Elwood

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

Inpatient Patient Service Revenue	\$6910189
Outpatient Patient Service Revenue	\$50697749
Total Gross Patient Service Revenue	\$57607938

2. Deductions From Revenue

Contractual Allowance	\$30851783
Other Deductions	\$3926596
Total Deductions	\$34778379

3. Total Operating Revenue

Net Patient Service Revenue	\$22829559
Other Operating Revenue	\$216317
Total Operating Revenue	\$23045876

4. Operating Expenses

Salaries and Wages	\$7393845	Employee Benefits	\$2006442
Depreciation and Amortization	\$987418	Interest Expense	\$370545
Bad Debt	\$0	Other Expenses	\$10300020
Total Operating Expenses	\$21058270		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1987606	Total Assets	\$34205804
Net Non-operating Gains over Loss	\$1802077	Total Liabilities	\$34205804
Total Net Gains	\$3789683		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25365841	\$14303092	\$11062749
Medicaid	\$8632396	\$7279020	\$1353376
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23609701	\$13196267	\$10413434
Total	\$57607938	\$34778379	\$22829559

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$57990	\$73992	\$-16002

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	\$64200	\$-64200
Community Education	\$0	\$33136	\$-33136

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	33314
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$5252057
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1759042	
HCI Payments	\$0		
Subtotal	\$0	\$1759042	\$-1759042
Medicaid Shortfalls	\$0	\$2827887	
Subtotal	\$0	\$4586929	\$-4586929
DSH Payments	\$0		
Subtotal	\$0	\$4586929	\$-4586929
Medicare Shortfalls	\$0	\$-86240	
Other Government Programs	\$0	\$0	
Total	\$0	\$4500689	\$-4500689

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$37731	\$-37731
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



