



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 RANDOLPH HOSPITAL

City of Hospital: Winchester

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

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

Person Completing the Report: John Arthur

Email Address: jmarthur@stvincent.org

Medicare Provider Number: 15-1301, 15-Z301

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

Inpatient Patient Service Revenue	\$9811682
Outpatient Patient Service Revenue	\$64923026
<b>Total Gross Patient Service Revenue</b>	<b>\$74734708</b>

## 2. Deductions From Revenue

Contractual Allowance	\$43010219
Other Deductions	\$3192646
<b>Total Deductions</b>	<b>\$46202865</b>

## 3. Total Operating Revenue

Net Patient Service Revenue	\$28531843
Other Operating Revenue	\$395426
<b>Total Operating Revenue</b>	<b>\$28927269</b>

## 4. Operating Expenses

Salaries and Wages	\$8169918	Employee Benefits	\$2292500
Depreciation and Amortization	\$873836	Interest Expense	\$460565
Bad Debt	\$0	Other Expenses	\$10149530
<b>Total Operating Expenses</b>	<b>\$21946349</b>		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6980920	Total Assets	\$52724960
Net Non-operating Gains over Loss	\$3158455	Total Liabilities	\$19746585
Total Net Gains	\$10139375		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$27560400	\$18321809	\$9238591
Medicaid	\$16654622	\$9316394	\$7338228
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$30519686	\$18564662	\$11955024
Total	\$74734708	\$46202865	\$28531843

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$140104	\$154972	\$-14868

## 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	\$25476	\$-25476
Community Education	\$0	\$41033	\$-41033

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Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	11736
Number of Citizens Exposed to Health Education Messages	12500

Statement Six: Charity Statement
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Hospital Charity Charges	\$6715772
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1819654	
HCI Payments	\$0		
Subtotal	\$0	\$1819654	\$-1819654
Medicaid Shortfalls	\$0	\$-1667850	
Subtotal	\$0	\$151804	\$-151804
DSH Payments	\$4,214,271		
Subtotal	\$4214271	\$151804	\$4062467
Medicare Shortfalls	\$0	\$-75501	
Other Government Programs	\$0	\$0	
Total	\$4214271	\$76303	\$4137968

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	\$110058	\$-110058
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$71740	\$-71740

Comments



