



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 SALEM HOSPITAL, INC

City of Hospital: Salem

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

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

Person Completing the Report: Marla Hannah

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Medicare Provider Number: 151314, 15z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2724177
Outpatient Patient Service Revenue	\$47009122
Total Gross Patient Service Revenue	\$49733299

2. Deductions From Revenue

Contractual Allowance	\$24116445
Other Deductions	\$1078896
Total Deductions	\$25195341

3. Total Operating Revenue

Net Patient Service Revenue	\$19217073
Other Operating Revenue	\$224091
Total Operating Revenue	\$19441164

4. Operating Expenses

Salaries and Wages	\$5884792	Employee Benefits	\$1885500
Depreciation and Amortization	\$949086	Interest Expense	\$0
Bad Debt	\$1540042	Other Expenses	\$8307467
Total Operating Expenses	\$18566887		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2414317.95	Total Assets	\$13525385.48
Net Non-operating Gains over Loss	\$904771.18	Total Liabilities	\$13525385.48
Total Net Gains	\$3319089.13		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21755453	\$12528131	\$9227322
Medicaid	\$8013798	\$6800910	\$1212888
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19964048	\$5866299.37	\$14097748.63
Total	\$49733299	\$25195340.37	\$24537958.63

Statement Three: Donations Statement

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

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	\$200.00	\$0	\$200
Hospital Patients	\$0	\$0	\$0
Community Education	\$960.00	\$0	\$960

Number of Medical Professionals Trained	213
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$3780843
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$12828	\$-12828
Community Assessment	\$0	\$7373	\$-7373
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0