



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT DUNN HOSPITAL

City of Hospital: Bedford

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

Email Address: christopher.overfield@ascension.org

Medicare Provider Number: 151335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3630593
Outpatient Patient Service Revenue	\$16650629
Total Gross Patient Service Revenue	\$20281222

2. Deductions From Revenue

Contractual Allowance	\$4974564
Other Deductions	\$0
Total Deductions	\$4974564

3. Total Operating Revenue

Net Patient Service Revenue	\$15306658
Other Operating Revenue	\$269470
Total Operating Revenue	\$15576128

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1182155	\$62
Medicaid	\$9051603	\$153
Commercial Insurance	\$320640	\$42
Self-pay	-\$35367	\$0
Any Other Category of Payer	\$93670	\$1
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$2073171	\$2422
Medicaid	\$673601	\$2558
Commercial Insurance	\$1798680	\$1750
Self-pay	\$-411	\$44
Any Other Category of Payer	\$148916	\$224
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3255326	\$2484
Medicaid	\$9725204	\$2711
Commercial Insurance	\$2119320	\$1792
Self-pay	\$-35777	\$44
Any Other Category of Payer	\$242586	\$225
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$4146573	Employee Benefits	\$1041059
Depreciation and Amortization	\$495499	Interest Expense	\$118030
Bad Debt	\$16257	Other Expenses	\$12658376
Total Operating Expenses	\$18475794		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2899665	Total Assets	\$1139855
Net Non-operating Gains over Loss	\$-2000	Total Liabilities	\$1213739
Total Net Gains	\$-2901665		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$7416748	\$4161422	\$3255326
Medicaid	\$7381040	\$-2344164	\$9725204
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$5483435	\$3157306	\$2326129
Total	\$20281223	\$4974564	\$15306659

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	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$62727	\$-62727

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	195
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$380980
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$327928	
HCI Payments	\$0		
Subtotal	\$0	\$327928	\$-327928
Medicaid Shortfalls	\$9730466	\$7253795	
Subtotal	\$9730466	\$7581723	\$2148743
DSH Payments	\$6,998,433		
Subtotal	\$16728899	\$7581723	\$9147176
Medicare Shortfalls	\$3267486	\$6383954	
Other Government Programs	\$0	\$0	
Total	\$19996385	\$13965677	\$6030708

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$9207	\$-9207
Community Assessment	\$0	\$56515	\$-56515
Provision of Taxes	\$0	\$900577	\$-900577
Other Allocations	\$0	\$0	\$0

Comments

//