



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 SALEM HOSPITAL

City of Hospital: Salem

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

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

Person Completing the Report: Christopher Overfield

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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	\$1277604
Outpatient Patient Service Revenue	\$62328643
Total Gross Patient Service Revenue	\$63606247

2. Deductions From Revenue

Contractual Allowance	\$45169429
Other Deductions	\$0
Total Deductions	\$45169429

3. Total Operating Revenue

Net Patient Service Revenue	\$18436818
Other Operating Revenue	\$372965
Total Operating Revenue	\$18809783

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$266140	\$48
Medicaid	\$50121	\$8
Commercial Insurance	\$347213	\$18
Self-pay	\$95426	\$1
Any Other Category of Payer	-\$6782	\$0
Total	\$752118	\$0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$7374578	\$8497
Medicaid	\$2772170	\$5974
Commercial Insurance	\$6939449	\$4571
Self-pay	\$223151	\$197
Any Other Category of Payer	\$375352	\$557
Total	\$17684700	\$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	\$7640718	\$8545
Medicaid	\$2822291	\$5982
Commercial Insurance	\$7286662	\$4589
Self-pay	\$318576	\$198
Any Other Category of Payer	\$368570	\$557
Total	\$18436817	\$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	\$4610748	Employee Benefits	\$1048147
Depreciation and Amortization	\$658901	Interest Expense	\$0
Bad Debt	\$22303	Other Expenses	\$11534071
Total Operating Expenses	\$17874170		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$935614	Total Assets	\$6780321
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$4330741
Total Net Gains	\$935614		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

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	\$70949	\$-70949

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$77
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1375437
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$361502	
HCI Payments	\$0		
Subtotal	\$0	\$361502	\$-361502
Medicaid Shortfalls	\$2862032	\$5817379	
Subtotal	\$2862032	\$6178881	\$-3316849
DSH Payments	\$0		
Subtotal	\$2862032	\$6178881	\$-3316849
Medicare Shortfalls	\$7723742	\$7274812	
Other Government Programs	\$0	\$0	
Total	\$10585774	\$13453693	\$-2867919

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$26980	\$-26980
Community Assessment	\$0	\$76022	\$-76022
Provision of Taxes	\$0	\$958014	\$-958014
Other Allocations	\$0	\$0	\$0

Comments

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