



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 WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

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: 151307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9918515
Outpatient Patient Service Revenue	\$78773998
<b>Total Gross Patient Service Revenue</b>	<b>\$88692513</b>

2. Deductions From Revenue

Contractual Allowance	\$69512454
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$69512454</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$19180060
Other Operating Revenue	\$1401373
<b>Total Operating Revenue</b>	<b>\$20581433</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$702950	\$360
Medicaid	\$278981	\$33
Commercial Insurance	\$648860	\$57
Self-pay	\$67275	\$1
Any Other Category of Payer	\$1742	\$0
<b>Total</b>	<b>\$1699808</b>	<b>\$0</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$7626046	\$13383
Medicaid	\$1955348	\$5723
Commercial Insurance	\$7509011	\$4905
Self-pay	\$190391	\$140
Any Other Category of Payer	\$199456	\$416
Total	\$17480252	\$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	\$8328996	\$13743
Medicaid	\$2234329	\$5756
Commercial Insurance	\$8157871	\$4962
Self-pay	\$257666	\$141
Any Other Category of Payer	\$201198	\$416
Total	\$19180060	\$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	\$6016269	Employee Benefits	\$1360749
Depreciation and Amortization	\$799950	Interest Expense	\$139449
Bad Debt	\$17947	Other Expenses	\$11219878
Total Operating Expenses	\$19554242		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1027642	Total Assets	\$8604965
Net Non-operating Gains over Loss	\$265	Total Liabilities	\$10047209
Total Net Gains	\$1027907		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$47935517	\$39606521	\$8328996
Medicaid	\$19078382	\$16844053	\$2234329
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21678614	\$13061879	\$8616735
Total	\$88692513	\$69512453	\$19180060

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	\$8068	\$-8068
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$67873	\$-67873

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$436
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1482734
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$281508	
HCI Payments	\$0		
Subtotal	\$0	\$281508	\$-281508
Medicaid Shortfalls	\$2282936	\$5547532	
Subtotal	\$2282936	\$5829040	\$-3546104
DSH Payments	\$0		
Subtotal	\$2282936	\$5829040	\$-3546104
Medicare Shortfalls	\$8462479	\$9100904	
Other Government Programs	\$0	\$0	
Total	\$10745415	\$14929944	\$-4184529

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	\$11839	\$-11839
Community Assessment	\$0	\$64831	\$-64831
Provision of Taxes	\$0	\$1925364	\$-1925364
Other Allocations	\$0	\$0	\$0

Comments

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