



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 CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2023 (mm/dd/yyyy format)

Year End: 06/30/2024 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

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Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3779979
Outpatient Patient Service Revenue	\$62489878
<b>Total Gross Patient Service Revenue</b>	<b>\$66269857</b>

2. Deductions From Revenue

Contractual Allowance	\$46796317
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$46796317</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$19473540
Other Operating Revenue	\$175046
<b>Total Operating Revenue</b>	<b>\$19648586</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$213401	135
Medicaid	\$1393535	12
Commercial Insurance	\$126135	30
Self-pay	\$-4574	3
Any Other Category of Payer	\$-44894	5
<b>Total</b>	<b>\$1683603</b>	<b>185</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$7387139	9213
Medicaid	\$2259636	5887
Commercial Insurance	\$8100006	4981
Self-pay	\$211809	592
Any Other Category of Payer	\$-168652	623
Total	\$17789938	21296

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	\$7600539	9348
Medicaid	\$3653171	5899
Commercial Insurance	\$8226142	5011
Self-pay	\$207235	595
Any Other Category of Payer	\$-213547	629
Total	\$19473540	21482

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	\$4724605	Employee Benefits	\$944637
Depreciation and Amortization	\$841840	Interest Expense	\$264289
Bad Debt	\$-10	Other Expenses	\$12430377
<b>Total Operating Expenses</b>	<b>\$19205738</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$442857	Total Assets	\$15489120
Net Non-operating Gains over Loss	\$12	Total Liabilities	\$11064846
<b>Total Net Gains</b>	<b>\$442869</b>		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28839879	\$21239339	\$7600540
Medicaid	\$17815482	\$14162311	\$3653171
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19614496	\$11394667	\$8219829
Total	\$66269857	\$46796317	\$19473540

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	\$8525	\$-8525
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$73585	\$-73585

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$187
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1348667
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$369275	
HCI Payments	\$0		
Subtotal	\$0	\$369275	\$-369275
Medicaid Shortfalls	\$3671563	\$5808135	
Subtotal	\$3671563	\$6177410	\$-2505847
DSH Payments	\$0		
Subtotal	\$3671563	\$6177410	\$-2505847
Medicare Shortfalls	\$7743993	\$7896572	
Other Government Programs	\$0	\$0	
Total	\$11415556	\$14073982	\$-2658426

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	\$16860	\$-16860
Community Assessment	\$0	\$68875	\$-68875
Provision of Taxes	\$0	\$930125	\$-930125
Other Allocations	\$0	\$0	\$0

Comments