



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 WARRICK HOSPITAL

City of Hospital: Warrick

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: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13159801
Outpatient Patient Service Revenue	\$51364764
<b>Total Gross Patient Service Revenue</b>	<b>\$64524565</b>

2. Deductions From Revenue

Contractual Allowance	\$45297194
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$45297194</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$19227372
Other Operating Revenue	\$981134
<b>Total Operating Revenue</b>	<b>\$20208506</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$5193656	410
Medicaid	\$174797	32
Commercial Insurance	\$971725	56
Self-pay	\$81770	10
Any Other Category of Payer	\$-47040	3
<b>Total</b>	<b>\$6374908</b>	<b>511</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$4905817	9674
Medicaid	\$1296736	3817
Commercial Insurance	\$6233396	5085
Self-pay	\$410997	724
Any Other Category of Payer	\$5517	233
Total	\$12852463	19533

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	\$10099473	10084
Medicaid	\$1471534	3849
Commercial Insurance	\$7205121	5141
Self-pay	\$492767	734
Any Other Category of Payer	-\$41523	236
Total	\$19227372	20044

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	\$6765881	Employee Benefits	\$1660826
Depreciation and Amortization	\$953303	Interest Expense	\$122313
Bad Debt	\$0	Other Expenses	\$11774479
<b>Total Operating Expenses</b>	<b>\$21276802</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1068359	Total Assets	\$13352423
Net Non-operating Gains over Loss	\$-16610	Total Liabilities	\$7687122
<b>Total Net Gains</b>	<b>\$-1084969</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34334760	\$24235287	\$10099473
Medicaid	\$11811691	\$10340157	\$1471534
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18378114	\$10721749	\$7656365
Total	\$64524565	\$45297193	\$19227372

## 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	\$76679	\$-76679

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$457
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges	\$725099
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$223134	
HCI Payments	\$0		
Subtotal	\$0	\$223134	\$-223134
Medicaid Shortfalls	\$1522531	\$4853272	
Subtotal	\$1522531	\$5076406	\$-3553875
DSH Payments	\$0		
Subtotal	\$1522531	\$5076406	\$-3553875
Medicare Shortfalls	\$10135905	\$10565778	
Other Government Programs	\$0	\$0	
Total	\$11658436	\$15642184	\$-3983748

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	\$24267	\$-24267
Community Assessment	\$0	\$66174	\$-66174
Provision of Taxes	\$0	\$1218480	\$-1218480
Other Allocations	\$0	\$0	\$0

Comments