



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Lisa Earl

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Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$307181277
Outpatient Patient Service Revenue	\$100349391
Total Gross Patient Service Revenue	\$407530668

2. Deductions From Revenue

Contractual Allowance	\$260610418
Other Deductions	\$15695173
Total Deductions	\$276305591

3. Total Operating Revenue

Net Patient Service Revenue	\$128280261
Other Operating Revenue	\$546548
Total Operating Revenue	\$128826809

4. Operating Expenses

Salaries and Wages	\$28292267	Employee Benefits	\$8304231
Depreciation and Amortization	\$3657640	Interest Expense	\$1794070
Bad Debt	\$2944816	Other Expenses	\$61399809
Total Operating Expenses	\$106392833		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$25378792	Total Assets	\$88708610
Net Non-operating Gains over Loss	\$935763	Total Liabilities	\$62786533
Total Net Gains	\$26314555		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$266799262	\$211208265	\$55590997
Medicaid	\$10019029	\$9278799	\$740230
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$130712377	\$58763343	\$71949034
Total	\$407530668	\$279250407	\$128280261

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	\$283800	\$-283800
Hospital Patients	\$0	\$133948	\$-133948
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	4378
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$12435647
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12435647	
HCI Payments	\$0		
Subtotal	\$0	\$12435647	\$-12435647
Medicaid Shortfalls	\$2763918	\$2152679	
Subtotal	\$2763918	\$2152679	\$611239
DSH Payments	\$0		
Subtotal	\$2763918	\$2152679	\$611239
Medicare Shortfalls	\$45297520	\$54598939	
Other Government Programs	\$0	\$0	
Total	\$48061438	\$56751618	\$-8690180

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$5710010	\$-5710010
Other Allocations	\$0	\$0	\$0

Comments

Bad debt is considered a revenue deduction not an operating expense item.
Provision of taxes includes sales tax, property tax, and provider tax.



