



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. MARY'S WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Stmarys Warrickhospitalinc

Email Address: kjhall@stmarys.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12981179
Outpatient Patient Service Revenue	\$25167941
Total Gross Patient Service Revenue	\$38149120

2. Deductions From Revenue

Contractual Allowance	\$20575576
Other Deductions	\$3176218
Total Deductions	\$23751794

3. Total Operating Revenue

Net Patient Service Revenue	\$14397326
Other Operating Revenue	\$330546
Total Operating Revenue	\$14727872

4. Operating Expenses

Salaries and Wages	\$5007189	Employee Benefits	\$1124231
Depreciation and Amortization	\$659979	Interest Expense	\$150948
Bad Debt	\$0	Other Expenses	\$7747306
Total Operating Expenses	\$14689653		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38219	Total Assets	\$12084687
Net Non-operating Gains over	\$-2180	Total Liabilities	\$12084687

Loss	
Total Net Gains	\$36039

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21426556	\$11082412	\$10344144
Medicaid	\$5012836	\$5145875	\$-133039
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$11709728	\$7523507	\$4186221
Total	\$38149120	\$23751794	\$14397326

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	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$2931168
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$281917	
HCI Payments	\$0		
Subtotal	\$0	\$281917	\$-281917
Medicaid Shortfalls	\$-133039	\$2560290	
Subtotal	\$-133039	\$2842207	\$-2975246
DSH Payments	\$0		
Subtotal	\$-133039	\$2842207	\$-2975246
Medicare Shortfalls	\$7684730	\$7608644	
Other Government Programs	\$0	\$0	
Total	\$7551691	\$10450851	\$-2899160

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$32008	\$-32008
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments