



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 ANDERSON REGIONAL HOSPITAL, INC.

City of Hospital: Anderson

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

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

Person Completing the Report: Kathy Zambos

Email Address: kathy.zambos@stvincent.org

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$204115441
Outpatient Patient Service Revenue	\$411321572
<b>Total Gross Patient Service Revenue</b>	<b>\$615437013</b>

2. Deductions From Revenue

Contractual Allowance	\$385176179
Other Deductions	\$37457456
<b>Total Deductions</b>	<b>\$422633635</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$192803179
Other Operating Revenue	\$11860822
<b>Total Operating Revenue</b>	<b>\$204664001</b>

4. Operating Expenses

Salaries and Wages	\$60335935	Employee Benefits	\$17859278
Depreciation and Amortization	\$5092870	Interest Expense	\$190026
Bad Debt	\$6142727	Other Expenses	\$96819903
<b>Total Operating Expenses</b>	<b>\$186440739</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$18223461	Total Assets	\$144641842
Net Non-operating Gains over	\$-760925	Total Liabilities	\$38040965

Loss	
Total Net Gains	\$17462536

Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$343005300	\$261716871	\$81288429
Medicaid	\$72814938	\$54944552	\$17870386
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$199616775	\$105972212	\$93644563
Total	\$615437013	\$422633635	\$192803378

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$749143	\$1529863	\$-780720

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$42954	\$204748	\$-161794

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$47831	\$-47831
Community Education	\$0	\$212793	\$-212793

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	208
Number of Citizens Exposed to Health Education Messages	3221

Statement Six: Charity Statement
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Hospital Charity Charges	\$37457456
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10973511	
HCI Payments	\$0		
Subtotal	\$0	\$10973511	\$-10973511
Medicaid Shortfalls	\$17995044	\$33465898	
Subtotal	\$17995044	\$33465898	\$-15470854
DSH Payments	\$1,292,316		
Subtotal	\$19287360	\$33465898	\$-14178538
Medicare Shortfalls	\$81288429	\$97789434	
Other Government Programs	\$0	\$0	
Total	\$100575789	\$131255332	\$-30679543

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	\$699805	\$-699805
Community Assessment	\$0	\$295823	\$-295823
Provision of Taxes	\$0	\$2468354	\$-2468354
Other Allocations	\$0	\$0	\$0

Comments