



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 DUNN HOSPITAL

City of Hospital: Bedford

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

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

Person Completing the Report: Crystal Plano

Email Address: cxplano@stvincent.org

Medicare Provider Number: 151335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12632838
Outpatient Patient Service Revenue	\$48422955
<b>Total Gross Patient Service Revenue</b>	<b>\$61055793</b>

2. Deductions From Revenue

Contractual Allowance	\$29524563
Other Deductions	\$6514096
<b>Total Deductions</b>	<b>\$36038659</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$25017134
Other Operating Revenue	\$171045
<b>Total Operating Revenue</b>	<b>\$25188179</b>

4. Operating Expenses

Salaries and Wages	\$7927608	Employee Benefits	\$2662259
Depreciation and Amortization	\$705566	Interest Expense	\$240252
Bad Debt	\$2824637	Other Expenses	\$10363292
<b>Total Operating Expenses</b>	<b>\$24723614</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3289202	Total Assets	\$17646303
Net Non-operating Gains over	\$59324	Total Liabilities	\$11728713

Loss	
Total Net Gains	\$3348526

Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25074947	\$12477618	\$12597329
Medicaid	\$10905717	\$6459931	\$4445786
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25075129	\$14280370	\$10794759
Total	\$61055793	\$33217919	\$27837874

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

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	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$548920	
HCI Payments	\$0		
Subtotal	\$0	\$548920	\$-548920
Medicaid Shortfalls	\$6972609	\$5288454	
Subtotal	\$6972609	\$5837374	\$1135235
DSH Payments	\$1,375,227		
Subtotal	\$8347836	\$5837374	\$2510462
Medicare Shortfalls	\$56391	\$86632	
Other Government Programs	\$0	\$0	
Total	\$8404227	\$5924006	\$2480221

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments