



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 HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

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

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

Person Completing the Report: Bethany Morrow

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Medicare Provider Number: 15-0084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1977075000
Outpatient Patient Service Revenue	\$1269605000
Total Gross Patient Service Revenue	\$3246680000

2. Deductions From Revenue

Contractual Allowance	\$2062524000
Other Deductions	\$0
Total Deductions	\$2062524000

3. Total Operating Revenue

Net Patient Service Revenue	\$1156432000
Other Operating Revenue	\$52882000
Total Operating Revenue	\$1209314000

4. Operating Expenses

Salaries and Wages	\$355042000	Employee Benefits	\$95735000
Depreciation and Amortization	\$33105000	Interest Expense	\$5328000
Bad Debt	\$27725000	Other Expenses	\$544692000
Total Operating Expenses	\$1061627000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$174558000	Total Assets	\$1109951000
Net Non-operating Gains over	\$164000	Total Liabilities	\$323694000

Loss	
Total Net Gains	\$174722000

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1203872689	\$926908000	\$276964689
Medicaid	\$477248445	\$402682000	\$74566445
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1565559102	\$732934000	\$832625102
Total	\$3246680236	\$2062524000	\$1184156236

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$760662	\$1929940	\$-1169278

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$811647	\$1211175	\$-399528

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$20184925	\$-20184925
Hospital Patients	\$0	\$3514000	\$-3514000
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	4786
Number of Hospital Patients Educated	35140
Number of Citizens Exposed to Health Education Messages	105420

Statement Six: Charity Statement

Hospital Charity Charges	\$123056000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$38375283	
HCI Payments	\$0		
Subtotal	\$0	\$38375283	\$-38375283
Medicaid Shortfalls	\$0	\$48405662	
Subtotal	\$0	\$86780945	\$-86780945
DSH Payments	\$0		
Subtotal	\$0	\$86780945	\$-86780945
Medicare Shortfalls	\$0	\$96928755	
Other Government Programs	\$0	\$0	
Total	\$0	\$183709700	\$-183709700

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5740302	\$-5740302
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$25689962	\$-25689962
Other Allocations	\$0	\$0	\$0

Comments