



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 WILLIAMSPORT HOSPITAL

City of Hospital: WILLIAMSPORT

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

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

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

Medicare Provider Number: 151307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9228382
Outpatient Patient Service Revenue	\$57985844
Total Gross Patient Service Revenue	\$67214226

2. Deductions From Revenue

Contractual Allowance	\$39239848
Other Deductions	\$5205294
Total Deductions	\$44445142

3. Total Operating Revenue

Net Patient Service Revenue	\$22769084
Other Operating Revenue	\$581448
Total Operating Revenue	\$23350532

4. Operating Expenses

Salaries and Wages	\$8698865	Employee Benefits	\$2463801
Depreciation and Amortization	\$490204	Interest Expense	\$127634
Bad Debt	\$2443154	Other Expenses	\$7119691
Total Operating Expenses	\$21343349		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2007183	Total Assets	\$45792361
Net Non-operating Gains over	\$65831	Total Liabilities	\$6696806

Loss	
Total Net Gains	\$2073014

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$33334014	\$23057338	\$10276676
Medicaid	\$9700914	\$8377058	\$1323856
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24179299	\$9564811	\$14614488
Total	\$67214227	\$40999207	\$26215020

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2175	\$-2175

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	\$78847	\$-78847
Hospital Patients	\$0	\$7964	\$-7964
Community Education	\$0	\$1000	\$-1000

Number of Medical Professionals Trained	46
Number of Hospital Patients Educated	3674
Number of Citizens Exposed to Health Education Messages	494

Statement Six: Charity Statement

Hospital Charity Charges	\$3445935
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$933339	
HCI Payments	\$0		
Subtotal	\$0	\$933339	\$-933339
Medicaid Shortfalls	\$0	\$1631815	
Subtotal	\$0	\$2565154	\$-2565154
DSH Payments	\$0		
Subtotal	\$0	\$2565154	\$-2565154
Medicare Shortfalls	\$0	\$-90286	
Other Government Programs	\$0	\$0	
Total	\$0	\$2474868	\$-2474868

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$26607	\$-26607
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments