



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 CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Robyn Ganly

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Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7870720
Outpatient Patient Service Revenue	\$55503263
Total Gross Patient Service Revenue	\$63373983

2. Deductions From Revenue

Contractual Allowance	\$37886616
Other Deductions	\$4608961
Total Deductions	\$42495577

3. Total Operating Revenue

Net Patient Service Revenue	\$20878406
Other Operating Revenue	\$205808
Total Operating Revenue	\$21084214

4. Operating Expenses

Salaries and Wages	\$5490138	Employee Benefits	\$1581256
Depreciation and Amortization	\$698680	Interest Expense	\$240599
Bad Debt	\$0	Other Expenses	\$9230584
Total Operating Expenses	\$17241257		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3842957	Total Assets	\$48874605
Net Non-operating Gains over Loss	\$-1028991	Total Liabilities	\$10649557

Total Net Gains	\$2813966
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25758797	\$16891340	\$8867457
Medicaid	\$16590066	\$14423530	\$2166536
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21025120	\$6571746	\$14453374
Total	\$63373983	\$37886616	\$25487367

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$52305	\$27620	\$24685

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	\$27908	\$-27908
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$51637	\$-51637

Number of Medical Professionals Trained	24
Number of Hospital Patients Educated	569
Number of Citizens Exposed to Health Education Messages	25

Statement Six: Charity Statement

Hospital Charity Charges	\$2938629
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$776802	
HCI Payments	\$0		
Subtotal	\$0	\$776802	\$-776802
Medicaid Shortfalls	\$0	\$2562379	
Subtotal	\$0	\$3339181	\$-3339181
DSH Payments	\$0		
Subtotal	\$0	\$3339181	\$-3339181
Medicare Shortfalls	\$0	\$-68091	
Other Government Programs	\$0	\$0	
Total	\$0	\$3271090	\$-3271090

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	\$79545	\$-79545
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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