



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

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

Person Completing the Report: Crystal Plano

Email Address: cxplano@stvincent.org

Medicare Provider Number: 15-1335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11183212
Outpatient Patient Service Revenue	\$45416806
Total Gross Patient Service Revenue	\$56600018

2. Deductions From Revenue

Contractual Allowance	\$31808773
Other Deductions	\$0
Total Deductions	\$31808773

3. Total Operating Revenue

Net Patient Service Revenue	\$24791245
Other Operating Revenue	\$275096
Total Operating Revenue	\$25066341

4. Operating Expenses

Salaries and Wages	\$7691412	Employee Benefits	\$2597769
Depreciation and Amortization	\$724498	Interest Expense	\$235149
Bad Debt	\$1517485	Other Expenses	\$9804869
Total Operating Expenses	\$22571182		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2495158	Total Assets	\$19013180
Net Non-operating Gains over Loss	\$-263009	Total Liabilities	\$10756146

Total Net Gains	\$2232149
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23360233	\$10839961	\$12520272
Medicaid	\$15266334	\$12464255	\$2802079
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17973451	\$8504557	\$9468894
Total	\$56600018	\$31808773	\$24791245

Statement Three: Donations Statement

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

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$1815593
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,707,942		
Subtotal	\$1707942	\$0	\$1707942
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1707942	\$0	\$1707942

Statement Seven: Subsidized Health Services for the Community

	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

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