



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 FISHERS HOSPITAL

City of Hospital: Fishers

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

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

Person Completing the Report: Stacey Allen

Email Address: smwrigh2@stvincent.org

Medicare Provider Number: 150181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$32138703 |
| Outpatient Patient Service Revenue | \$117155380 |
| Total Gross Patient Service Revenue | \$149294083 |

2. Deductions From Revenue

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|-----------------------|-----------|
| Contractual Allowance | \$4769197 |
| Other Deductions | \$2655746 |
| Total Deductions | \$7424943 |

3. Total Operating Revenue

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|-----------------------------|------------|
| Net Patient Service Revenue | \$59919856 |
| Other Operating Revenue | \$2020673 |
| Total Operating Revenue | \$61940529 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages | \$15132802 | Employee Benefits | \$3321641 |
| Depreciation and Amortization | \$3065697 | Interest Expense | \$0 |
| Bad Debt | \$5057788 | Other Expenses | \$3903102 |
| Total Operating Expenses | \$30481030 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses | \$31459499 | Total Assets | \$74163493 |
| Net Non-operating Gains over Loss | \$-285698 | Total Liabilities | \$5693122 |

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|-----------------|------------|
| Total Net Gains | \$31173801 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$35290793 | \$27178282 | \$8112511 |
| Medicaid | \$22170417 | \$19404641 | \$2765776 |
| Other Government | \$2006093 | \$1660780 | \$345313 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$89826780 | \$34650420 | \$55176360 |
| Total | \$149294083 | \$82894123 | \$66399960 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$4000 | \$-4000 |

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

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$12158 | \$-12158 |
| Hospital Patients | \$0 | \$560 | \$-560 |
| Community Education | \$0 | \$13423 | \$-13423 |

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| Number of Medical Professionals Trained | 28 |
| Number of Hospital Patients Educated | 75 |
| Number of Citizens Exposed to Health Education Messages | 1235 |

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| Statement Six: Charity Statement |
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|--------------------------|-----------|
| Hospital Charity Charges | \$2808388 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$812564 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$812564 | \$-812564 |
| Medicaid Shortfalls | \$0 | \$37962960 | |
| Subtotal | \$0 | \$38775524 | \$-38775524 |
| DSH Payments | \$0 | | |
| Subtotal | \$0 | \$38775524 | \$-38775524 |
| Medicare Shortfalls | \$0 | \$2719041 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$0 | \$41494565 | \$-41494565 |

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| 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 | \$55437 | \$-55437 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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