



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 HEART CENTER OF INDIANA

City of Hospital: Indianapolis

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

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

Person Completing the Report: Stephanie Spencer

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Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$342596006
Outpatient Patient Service Revenue	\$109284736
Total Gross Patient Service Revenue	\$451880742

2. Deductions From Revenue

Contractual Allowance	\$294649939
Other Deductions	\$9631089
Total Deductions	\$304281028

3. Total Operating Revenue

Net Patient Service Revenue	\$147599714
Other Operating Revenue	\$1409490
Total Operating Revenue	\$149009204

4. Operating Expenses

Salaries and Wages	\$29725236	Employee Benefits	\$8257993
Depreciation and Amortization	\$3623304	Interest Expense	\$1401395
Bad Debt	\$515586	Other Expenses	\$65945764
Total Operating Expenses	\$109469278		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$39024340	Total Assets	\$84073775
Net Non-operating Gains over Loss	\$599132	Total Liabilities	\$42594334

Total Net Gains	\$39623472
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$298159708	\$230189556	\$67970152
Medicaid	\$22505527	\$18969018	\$3536509
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$131215507	\$55122455	\$76093052
Total	\$451880742	\$304281029	\$147599713

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	\$6530375
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1519783	
HCI Payments	\$0		
Subtotal	\$0	\$1519783	\$-1519783
Medicaid Shortfalls	\$0	\$5486858	
Subtotal	\$0	\$7006641	\$-7006641
DSH Payments	\$0		
Subtotal	\$0	\$7006641	\$-7006641
Medicare Shortfalls	\$0	\$1419119	
Other Government Programs	\$0	\$0	
Total	\$0	\$8425760	\$-8425760

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	\$61123	\$-61123
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$1908540	\$3785765	\$-1877225
Other Allocations	\$0	\$0	\$0

Comments

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