



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 RANDOLPH HOSPITAL

City of Hospital: Winchester

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

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

Person Completing the Report: John Arthur

Email Address: jmarthur@stvincent.org

Medicare Provider Number: 151301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11152851
Outpatient Patient Service Revenue	\$68809500
Total Gross Patient Service Revenue	\$79962351

2. Deductions From Revenue

Contractual Allowance	\$51080548
Other Deductions	\$4325846
Total Deductions	\$55406394

3. Total Operating Revenue

Net Patient Service Revenue	\$24555957
Other Operating Revenue	\$329261
Total Operating Revenue	\$24885218

4. Operating Expenses

Salaries and Wages	\$7613408	Employee Benefits	\$2080590
Depreciation and Amortization	\$882273	Interest Expense	\$436740
Bad Debt	\$0	Other Expenses	\$10436664
Total Operating Expenses	\$21449675		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3435543	Total Assets	\$47433435
Net Non-operating Gains over Loss	\$-1037336	Total Liabilities	\$47433435

Total Net Gains	\$2398207
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29586799	\$21317367	\$8269432
Medicaid	\$22653073	\$18636174	\$4016899
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$27722479	\$15452853	\$12269626
Total	\$79962351	\$55406394	\$24555957

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$217307	\$178111	\$39196

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	\$11832	\$-11832
Community Education	\$0	\$22404	\$-22404

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	11377
Number of Citizens Exposed to Health Education Messages	12500

Statement Six: Charity Statement

Hospital Charity Charges	\$3442872
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$893976	
HCI Payments	\$0		
Subtotal	\$0	\$893976	\$-893976
Medicaid Shortfalls	\$0	\$2213360	
Subtotal	\$0	\$3107336	\$-3107336
DSH Payments	\$1,025,953		
Subtotal	\$1025953	\$3107336	\$-2081383
Medicare Shortfalls	\$0	\$-77083	
Other Government Programs	\$0	\$0	
Total	\$1025953	\$3030253	\$-2004300

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$65453	\$-65453
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$89430	\$-89430

Comments

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