



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 WILLIAMSPORT HOSPITAL

City of Hospital: WILLIAMSPORT

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

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

Person Completing the Report: Jenifer Dinsmore

Email Address: Jenifer.Dinsmore@stvincent.org

Medicare Provider Number: 151307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8868288
Outpatient Patient Service Revenue	\$62924653
Total Gross Patient Service Revenue	\$71792941

2. Deductions From Revenue

Contractual Allowance	\$43323868
Other Deductions	\$4250797
Total Deductions	\$47574665

3. Total Operating Revenue

Net Patient Service Revenue	\$24218277
Other Operating Revenue	\$495924
Total Operating Revenue	\$24714201

4. Operating Expenses

Salaries and Wages	\$8600616	Employee Benefits	\$2257814
Depreciation and Amortization	\$469223	Interest Expense	\$124923
Bad Debt	\$2115172	Other Expenses	\$7958047
Total Operating Expenses	\$21525795		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3188406	Total Assets	\$43094494
Net Non-operating Gains over Loss	\$-1088031	Total Liabilities	\$6513447

Total Net Gains	\$2100375
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34355510	\$23471190	\$10884320
Medicaid	\$16160209	\$14025350	\$2134859
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21277222	\$7403492	\$13873730
Total	\$71792941	\$44900032	\$26892909

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6821	\$-6821

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

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$24659	\$-24659
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$47358	\$-47358

Number of Medical Professionals Trained	52
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	765

Statement Six: Charity Statement
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Hospital Charity Charges	\$2674633
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$698261	
HCI Payments	\$0		
Subtotal	\$0	\$698261	\$-698261
Medicaid Shortfalls	\$0	\$2462766	
Subtotal	\$0	\$3161027	\$-3161027
DSH Payments	\$0		
Subtotal	\$0	\$3161027	\$-3161027
Medicare Shortfalls	\$0	\$-89691	
Other Government Programs	\$0	\$0	
Total	\$0	\$3071336	\$-3071336

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

Comments

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