



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: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

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Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$205967990
Outpatient Patient Service Revenue	\$427915016
Total Gross Patient Service Revenue	\$633883006

2. Deductions From Revenue

Contractual Allowance	\$331053362
Other Deductions	\$60835141
Total Deductions	\$391888503

3. Total Operating Revenue

Net Patient Service Revenue	\$241994514
Other Operating Revenue	\$6796231
Total Operating Revenue	\$248790745

4. Operating Expenses

Salaries and Wages	\$104731847	Employee Benefits	\$31671294
Depreciation and Amortization	\$20017010	Interest Expense	\$4427835
Bad Debt	\$18826635	Other Expenses	\$76380201
Total Operating Expenses	\$256054822		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7264076	Total Assets	\$351176878
Net Non-operating Gains over Loss	\$7721172	Total Liabilities	\$163762110

Total Net Gains	\$457096
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$321495198	\$198759501	\$122735697
Medicaid	\$96688702	\$59776315	\$36912387
Other Government	\$1762029	\$1089348	\$672681
Other State	\$3652332	\$2257999	\$1394333
Other Payers	\$210284756	\$130005341	\$80279415
Total	\$633883017	\$391888504	\$241994513

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$390424	\$221053	\$169371

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$4869	\$9450	\$-4581

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$77991	\$397548	\$-319557
Hospital Patients	\$0	\$3600	\$-3600
Community Education	\$21	\$173632	\$-173611

Number of Medical Professionals Trained	237
Number of Hospital Patients Educated	507384
Number of Citizens Exposed to Health Education Messages	92913

Statement Six: Charity Statement

Hospital Charity Charges	\$10182162
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3784710	
HCI Payments	\$0		
Subtotal	\$0	\$3784710	\$-3784710
Medicaid Shortfalls	\$16350060	\$35968197	
Subtotal	\$16350060	\$39752907	\$-23402847
DSH Payments	\$2,057,786		
Subtotal	\$18407846	\$39752907	\$-21345061
Medicare Shortfalls	\$79023520	\$119596214	
Other Government Programs	\$0	\$0	
Total	\$97431366	\$159349121	\$-61917755

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$235393	\$1030949	\$-795556
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$42947	\$-42947
Other Allocations	\$56102	\$456239	\$-400137

Comments

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