



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. MARYS MEDICAL CENTER (EVANSVILLE)

City of Hospital: Evansville

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

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

Person Completing the Report: Melissa Long

Email Address: mllong@stmarys.org

Medicare Provider Number: 15-0100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$744238884
Outpatient Patient Service Revenue	\$832617761
Total Gross Patient Service Revenue	\$1576856645

2. Deductions From Revenue

Contractual Allowance	\$969198136
Other Deductions	\$112637966
Total Deductions	\$1081836102

3. Total Operating Revenue

Net Patient Service Revenue	\$495020543
Other Operating Revenue	\$21008067
Total Operating Revenue	\$516028610

4. Operating Expenses

Salaries and Wages	\$148115481	Employee Benefits	\$40686776
Depreciation and Amortization	\$14532574	Interest Expense	\$4137277
Bad Debt	\$0	Other Expenses	\$226208753
Total Operating Expenses	\$433680861		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$82347749	Total Assets	\$863161058
Net Non-operating Gains over Loss	\$-16193399	Total Liabilities	\$215394142

Total Net Gains	\$66154350
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$697278942	\$546838797	\$150440145
Medicaid	\$19727130	\$16505706	\$3221424
Other Government	\$0	\$0	\$0
Other State	\$243386182	\$203641424	\$39744758
Other Payers	\$616464391	\$269854584	\$346609807
Total	\$1576856645	\$1036840511	\$540016134

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1534794	\$0	\$1534794

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	\$16211	\$666596	\$-650385
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	\$44995591
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11385096	
HCI Payments	\$0		
Subtotal	\$0	\$11385096	\$-11385096
Medicaid Shortfalls	\$20707922	\$15661500	
Subtotal	\$20707922	\$27046596	\$-6338674
DSH Payments	\$1,861,025		
Subtotal	\$22568947	\$27046596	\$-4477649
Medicare Shortfalls	\$108657141	\$107765710	
Other Government Programs	\$0	\$0	
Total	\$131226088	\$134812306	\$-3586218

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1494223	\$-1494223
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//