



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 DUNN HOSPITAL

City of Hospital: Bedford

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10622814
Outpatient Patient Service Revenue	\$52190612
Total Gross Patient Service Revenue	\$62813426

2. Deductions From Revenue

Contractual Allowance	\$38045437
Other Deductions	\$1873901
Total Deductions	\$39919338

3. Total Operating Revenue

Net Patient Service Revenue	\$21792312
Other Operating Revenue	\$185387
Total Operating Revenue	\$21977699

4. Operating Expenses

Salaries and Wages	\$5426268	Employee Benefits	\$1550667
Depreciation and Amortization	\$853828	Interest Expense	\$0

Bad Debt	\$1101775	Other Expenses	\$14292462
Total Operating Expenses	\$23225000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-145526	Total Assets	\$11420122
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$13322266
Total Net Gains	\$-145526		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23101346	\$14801341	\$8300005
Medicaid	\$18641305	\$14397234	\$4244071
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21070774	\$7589458	\$13481316
Total	\$62813425	\$36788033	\$26025392

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
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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	\$77484	\$-77484

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$3771

Statement Six: Charity Statement

Hospital Charity Charges	\$3131306
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1034095	
HCI Payments	\$0		
Subtotal	\$0	\$1034095	\$-1034095
Medicaid Shortfalls	\$4215748	\$7394952	
Subtotal	\$4215748	\$8429047	\$-4213299
DSH Payments	\$704,184		
Subtotal	\$4919932	\$8429047	\$-3509115
Medicare Shortfalls	\$7705370	\$7629079	
Other Government Programs	\$0	\$0	
Total	\$12625302	\$16058126	\$-3432824

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$60395	\$-60395
Community Assessment	\$0	\$17089	\$-17089
Provision of Taxes	\$0	\$1238775	\$-1238775
Other Allocations	\$0	\$0	\$0

Comments

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