



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 CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$274561437
Outpatient Patient Service Revenue	\$276743608
Total Gross Patient Service Revenue	\$551305045

2. Deductions From Revenue

Contractual Allowance	\$351320307
Other Deductions	\$6396505
Total Deductions	\$357716812

3. Total Operating Revenue

Net Patient Service Revenue	\$187201537
Other Operating Revenue	\$8705566
Total Operating Revenue	\$195907103

4. Operating Expenses

Salaries and Wages	\$30770948	Employee Benefits	\$8577414
Depreciation and Amortization	\$6439334	Interest Expense	\$714915
Bad Debt	\$6386696	Other Expenses	\$74885666
Total Operating Expenses	\$127774973		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$74503102	Total Assets	\$121688071
Net Non-operating Gains over Loss	\$-1330	Total Liabilities	\$62414563

Total Net Gains	\$74501772
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$174547472	\$142711114	\$31836358
Medicaid	\$58768928	\$48541416	\$10227512
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$317988645	\$166464282	\$151524363
Total	\$551305045	\$357716812	\$193588233

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

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	\$243612	\$-243612
Hospital Patients	\$0	\$426889	\$-426889
Community Education	\$0	\$122672	\$-122672

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	4970
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$10684561
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2153187	
HCI Payments	\$0		
Subtotal	\$0	\$2153187	\$-2153187
Medicaid Shortfalls	\$10452778	\$20529007	
Subtotal	\$10452778	\$22682194	\$-12229416
DSH Payments	\$0		
Subtotal	\$10452778	\$22682194	\$-12229416
Medicare Shortfalls	\$31630507	\$35175363	
Other Government Programs	\$0	\$0	
Total	\$42083285	\$57857557	\$-15774272

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	\$213871	\$-213871
Community Assessment	\$0	\$582216	\$-582216
Provision of Taxes	\$0	\$8685706	\$-8685706
Other Allocations	\$0	\$0	\$0

Comments

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