



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 CLAY HOSPITAL

City of Hospital: Brazil

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: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1859333
Outpatient Patient Service Revenue	\$50813672
<b>Total Gross Patient Service Revenue</b>	<b>\$52673005</b>

2. Deductions From Revenue

Contractual Allowance	\$33343429
Other Deductions	\$1804281
<b>Total Deductions</b>	<b>\$35147710</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$15602714
Other Operating Revenue	\$1841746
<b>Total Operating Revenue</b>	<b>\$17444460</b>

4. Operating Expenses

Salaries and Wages	\$3572350	Employee Benefits	\$1051705
Depreciation and Amortization	\$879294	Interest Expense	\$267850
Bad Debt	\$1922580	Other Expenses	\$10608287
<b>Total Operating Expenses</b>	<b>\$18302066</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1064974	Total Assets	\$12983121
Net Non-operating Gains over Loss	\$-1103	Total Liabilities	\$11708626

Total Net Gains	\$1063871
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21252326	\$13935013	\$7317313
Medicaid	\$13934954	\$11927973	\$2006981
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17485725	\$6358085	\$11127640
Total	\$52673005	\$32221071	\$20451934

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	\$11840	\$-11840
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$32539	\$-32539

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

Statement Six: Charity Statement
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Hospital Charity Charges	\$2926640
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$855401	
HCI Payments	\$0		
Subtotal	\$0	\$855401	\$-855401
Medicaid Shortfalls	\$1462639	\$4954626	
Subtotal	\$1462639	\$5810027	\$-4347388
DSH Payments	\$0		
Subtotal	\$1462639	\$5810027	\$-4347388
Medicare Shortfalls	\$7103879	\$6211646	
Other Government Programs	\$0	\$0	
Total	\$8566518	\$12021673	\$-3455155

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	\$28724	\$-28724
Community Assessment	\$0	\$21612	\$-21612
Provision of Taxes	\$0	\$881706	\$-881706
Other Allocations	\$0	\$0	\$0

Comments

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