



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: SAINT ELIZABETH MEDICAL CENTER

City of Hospital: Lawrenceburg

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Kelly Shackelford

Email Address: kelly.shackelford@stelizabeth.com

Medicare Provider Number: 150086

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$115851051
Outpatient Patient Service Revenue	\$118768510
Total Gross Patient Service Revenue	\$234619561

2. Deductions From Revenue

Contractual Allowance	\$151884297
Other Deductions	\$2769329
Total Deductions	\$154653626

3. Total Operating Revenue

Net Patient Service Revenue	\$79965935
Other Operating Revenue	\$1066850
Total Operating Revenue	\$81032785

4. Operating Expenses

Salaries and Wages	\$29971686	Employee Benefits	\$7643992
Depreciation and Amortization	\$1353410	Interest Expense	\$517
Bad Debt	\$0	Other Expenses	\$50061385
Total Operating Expenses	\$89030990		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7998205	Total Assets	\$14668440
Net Non-operating Gains over Loss	\$100	Total Liabilities	\$6562212

Total Net Gains	\$-7998105
-----------------	------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$119585844	\$86718858	\$32866986
Medicaid	\$42485793	\$32219432	\$10266361
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$72547924	\$35715336	\$36832588
Total	\$234619561	\$154653626	\$79965935

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

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$6000	\$133897	\$-127897
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$114854	\$-114854

Number of Medical Professionals Trained	\$159
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$800

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$286929	
HCI Payments	\$0		
Subtotal	\$0	\$286929	\$-286929
Medicaid Shortfalls	\$11237072	\$12783311	
Subtotal	\$11237072	\$13070240	\$-1833168
DSH Payments	\$0		
Subtotal	\$11237072	\$13070240	\$-1833168
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$11237072	\$13070240	\$-1833168

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$6197682	\$-6197682
Other Allocations	\$0	\$0	\$0

Comments