



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 EVANSVILLE HOSPITAL

City of Hospital: Evansville

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Aaron Corder

Email Address: aaron.corder@ascension.org

Medicare Provider Number: 150100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$856111172
Outpatient Patient Service Revenue	\$1566980714
Total Gross Patient Service Revenue	\$2423091886

2. Deductions From Revenue

Contractual Allowance	\$1712749641
Other Deductions	\$25321421
Total Deductions	\$1738071062

3. Total Operating Revenue

Net Patient Service Revenue	\$685020824
Other Operating Revenue	\$25107052
Total Operating Revenue	\$710127876

4. Operating Expenses

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Salaries and Wages	\$141661745	Employee Benefits	\$33226036
Depreciation and Amortization	\$22467235	Interest Expense	\$4393493
Bad Debt	\$26080184	Other Expenses	\$391521924
Total Operating Expenses	\$619350617		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$90777260	Total Assets	\$380055630
Net Non-operating Gains over Loss	\$-475387	Total Liabilities	\$332516177
Total Net Gains	\$90301873		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1193379883	\$992926111	\$200453772
Medicaid	\$382593370	\$305606705	\$76986665
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$847118632	\$416596097	\$430522535
Total	\$2423091885	\$1715128913	\$707962972

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	\$0	\$4461888	\$-4461888
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$577353	\$-577353

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	13804
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$22942148
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5397940	
HCI Payments	\$0		
Subtotal	\$0	\$5397940	\$-5397940
Medicaid Shortfalls	\$74190462	\$113269098	
Subtotal	\$74190462	\$118667038	\$-44476576
DSH Payments	\$0		

	Subtotal	\$74190462	\$118667038	\$-44476576
Medicare Shortfalls		\$198383521	\$274011466	
Other Government Programs		\$0	\$0	
	Total	\$272573983	\$392678504	\$-120104521

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$594056	\$-594056
Community Assessment	\$0	\$4811458	\$-4811458
Provision of Taxes	\$0	\$23981456	\$-23981456
Other Allocations	\$0	\$0	\$0

Comments

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