



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: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

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

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

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Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$223298268
Outpatient Patient Service Revenue	\$456915596
Total Gross Patient Service Revenue	\$680213864

2. Deductions From Revenue

Contractual Allowance	\$368165103
Other Deductions	\$69453403
Total Deductions	\$437618506

3. Total Operating Revenue

Net Patient Service Revenue	\$242595358
Other Operating Revenue	\$14809059
Total Operating Revenue	\$257404417

4. Operating Expenses

Salaries and Wages	\$104055281	Employee Benefits	\$28156971
Depreciation and Amortization	\$20354477	Interest Expense	\$5865407
Bad Debt	\$22828443	Other Expenses	\$87919673
Total Operating Expenses	\$269180252		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-19153479	Total Assets	\$304903175
Net Non-operating Gains over Loss	\$7377645	Total Liabilities	\$134705830
Total Net Gains	\$-11775834		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$365565329	\$279538276	\$86027053
Medicaid	\$90705403	\$63709034	\$26996369
Other Government	\$7976070	\$3924623	\$4051447
Other State	\$0	\$0	\$0
Other Payers	\$215967062	\$90446573	\$125520489
Total	\$680213864	\$437618506	\$242595358

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$471959	\$1269448	\$-797489

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	\$97410	\$1351226	\$-1253816
Hospital Patients	\$0	\$5188	\$-5188
Community Education	\$16500	\$193257	\$-176757

Number of Medical Professionals Trained

594

Number of Hospital Patients Educated	545918
Number of Citizens Exposed to Health Education Messages	91214

Statement Six: Charity Statement

Hospital Charity Charges	\$13318461
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4768009	
HCI Payments	\$0		
Subtotal	\$0	\$4768009	\$-4768009
Medicaid Shortfalls	\$26476907	\$32472534	
Subtotal	\$26476907	\$37240543	\$-10763636
DSH Payments	\$5,603,854		
Subtotal	\$32080761	\$37240543	\$-5159782
Medicare Shortfalls	\$81045833	\$130872388	
Other Government Programs	\$0	\$0	
Total	\$113126594	\$168112931	\$-54986337

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$158104	\$578946	\$-420842
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$357408	\$-357408
Other Allocations	\$0	\$15433	\$-15433

Comments

