



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT RANDOLPH HOSPITAL

City of Hospital: Winchester

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-1301, 15-Z301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14384601
Outpatient Patient Service Revenue	\$49614488
Total Gross Patient Service Revenue	\$63999089

2. Deductions From Revenue

Contractual Allowance	\$36196555
Other Deductions	\$1775460
Total Deductions	\$37972015

3. Total Operating Revenue

Net Patient Service Revenue	\$26027074
Other Operating Revenue	\$516027
Total Operating Revenue	\$26543101

4. Operating Expenses

Salaries and Wages	\$10714150	Employee Benefits	\$3057664
Depreciation and Amortization	\$1205532	Interest Expense	\$454603
Bad Debt	\$2442094	Other Expenses	\$8993520
Total Operating Expenses	\$26867563		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-324462	Total Assets	\$30415213
Net Non-operating Gains over Loss	\$654331	Total Liabilities	\$21633811
Total Net Gains	\$329869		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$23700567	\$14121860	\$9578707
Medicaid	\$13085752	\$10793641	\$2292111
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$27212770	\$13056514	\$14156256
Total	\$63999089	\$37972015	\$26027074

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$163711	\$329071	\$-165360

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	\$0	\$0
Hospital Patients	\$0	\$34369	\$-34369
Community Education	\$0	\$18385	\$-18385

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	12661
Number of Citizens Exposed to Health Education Messages	12500

Statement Six: Charity Statement

Hospital Charity Charges	\$5703078
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2352107	
HCI Payments	\$0		
Subtotal	\$0	\$2352107	\$-2352107
Medicaid Shortfalls	\$0	\$3261960	
Subtotal	\$0	\$5614067	\$-5614067
DSH Payments	\$939,236		
Subtotal	\$939236	\$5614067	\$-4674831
Medicare Shortfalls	\$0	\$-88704	
Other Government Programs	\$0	\$0	
Total	\$939236	\$5525363	\$-4586127

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	\$158154	\$-158154
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0