



## 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 FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 07/01/2010 (mm/dd/yyyy format)

Year End: 06/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-1316

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13484347
Outpatient Patient Service Revenue	\$51175572
Total Gross Patient Service Revenue	\$64659919

#### 2. Deductions From Revenue

Contractual Allowance	\$29425964
Other Deductions	\$2920838
Total Deductions	\$32346802

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$32313117
Other Operating Revenue	\$455470
Total Operating Revenue	\$32768587

#### 4. Operating Expenses

Salaries and Wages	\$8529757	Employee Benefits	\$2872764
Depreciation and Amortization	\$494645	Interest Expense	\$20180
Bad Debt	\$5384168	Other Expenses	\$10177435
Total Operating Expenses	\$27478949		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5289638	Total Assets	\$36198564
Net Non-operating Gains over Loss	\$4065890	Total Liabilities	\$5991361
Total Net Gains	\$9355528		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$26851690	\$17193535	\$9658155
Medicaid	\$9825586	\$5518858	\$4306728
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$27982643	\$9634409	\$18348234
Total	\$64659919	\$32346802	\$32313117

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$11142	\$-11142

### 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	\$2592	\$45524	\$-42932
Community Education	\$0	\$45397	\$-45397

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	280
Number of Citizens Exposed to Health Education Messages	32200

### Statement Six: Charity Statement

Hospital Charity Charges	\$2305353
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$774478	
HCI Payments	\$0		
Subtotal	\$0	\$774478	\$-774478
Medicaid Shortfalls	\$0	\$-1734129	
Subtotal	\$0	\$-959651	\$959651
DSH Payments	\$0		
Subtotal	\$0	\$-959651	\$959651
Medicare Shortfalls	\$90208	\$0	
Other Government Programs	\$0	\$0	
Total	\$90208	\$-959651	\$1049859

<b>Statement Seven: Subsidized Health Services for the Community</b>
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$382	\$158697	\$-158315
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$6662	\$0	\$6662
Other Allocations	\$0	\$0	\$0