



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 MERCY HOSPITAL, INC.

City of Hospital: Elwood

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 151308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9961043
Outpatient Patient Service Revenue	\$53406457
Total Gross Patient Service Revenue	\$63367500

2. Deductions From Revenue

Contractual Allowance	\$37439860
Other Deductions	\$753088
Total Deductions	\$38192948

3. Total Operating Revenue

Net Patient Service Revenue	\$25174552
Other Operating Revenue	\$405907
Total Operating Revenue	\$25580459

4. Operating Expenses

Salaries and Wages	\$10134994	Employee Benefits	\$2801822
Depreciation and Amortization	\$1014718	Interest Expense	\$437894
Bad Debt	\$0	Other Expenses	\$11656543
Total Operating Expenses	\$26045971		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2336310	Total Assets	\$29247670
Net Non-operating Gains over Loss	\$-287901	Total Liabilities	\$29247670
Total Net Gains	\$2048409		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$27691956	\$17231969	\$10459987
Medicaid	\$9771414	\$7557422	\$2213992
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25904130	\$13403557	\$12500573
Total	\$63367500	\$38192948	\$25174552

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$87760	\$159359	\$-71599

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	\$59720	\$-59720
Community Education	\$0	\$18718	\$-18718

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	36407
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$6727657
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2437835	
HCI Payments	\$0		
Subtotal	\$0	\$2437835	\$-2437835
Medicaid Shortfalls	\$0	\$877181	
Subtotal	\$0	\$3315016	\$-3315016
DSH Payments	\$0		
Subtotal	\$0	\$3315016	\$-3315016
Medicare Shortfalls	\$0	\$-100345	
Other Government Programs	\$0	\$0	
Total	\$0	\$3214671	\$-3214671

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$59720	\$-59720
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$73636	\$-73636