



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 FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14080759
Outpatient Patient Service Revenue	\$50853934
Total Gross Patient Service Revenue	\$64934693

2. Deductions From Revenue

Contractual Allowance	\$30287285
Other Deductions	\$7875070
Total Deductions	\$38162355

3. Total Operating Revenue

Net Patient Service Revenue	\$26772337
Other Operating Revenue	\$779761
Total Operating Revenue	\$27552098

4. Operating Expenses

Salaries and Wages	\$8404041	Employee Benefits	\$2245485
Depreciation and Amortization	\$498672	Interest Expense	\$17377
Bad Debt	\$312254	Other Expenses	\$12352753
Total Operating Expenses	\$23830582		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3985623	Total Assets	\$46405212
Net Non-operating Gains over Loss	\$2667120	Total Liabilities	\$7803271
Total Net Gains	\$6652743		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26286297	\$16557134	\$9729163
Medicaid	\$12718523	\$8019723	\$4698800
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25929873	\$13585499	\$12344374
Total	\$64934693	\$38162356	\$26772337

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$12180	\$-12180

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	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	2215
Number of Citizens Exposed to Health Education Messages	1020

Statement Six: Charity Statement

Hospital Charity Charges	\$5395189
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1832575	
HCI Payments	\$0		
Subtotal	\$0	\$1832575	\$-1832575
Medicaid Shortfalls	\$0	\$1322953	
Subtotal	\$0	\$3155528	\$-3155528
DSH Payments	\$0		
Subtotal	\$0	\$3155528	\$-3155528
Medicare Shortfalls	\$0	\$-89286	
Other Government Programs	\$0	\$0	
Total	\$0	\$3066242	\$-3066242

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$66087	\$-66087
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

