



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 RANDOLPH HOSPITAL

City of Hospital: Winchester

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

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

Person Completing the Report: John Arthur

Email Address: jmarthur@stvincent.org

Medicare Provider Number: 15-1301, 15-Z301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13352433
Outpatient Patient Service Revenue	\$60077734
Total Gross Patient Service Revenue	\$73430167

2. Deductions From Revenue

Contractual Allowance	\$44239150
Other Deductions	\$3277996
Total Deductions	\$47517146

3. Total Operating Revenue

Net Patient Service Revenue	\$25913021
Other Operating Revenue	\$926024
Total Operating Revenue	\$26839045

4. Operating Expenses

Salaries and Wages	\$9665470	Employee Benefits	\$2846626
Depreciation and Amortization	\$891535	Interest Expense	\$504789
Bad Debt	\$0	Other Expenses	\$10851852
Total Operating Expenses	\$24760272		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2025090	Total Assets	\$44580139
Net Non-operating Gains over Loss	\$1635602	Total Liabilities	\$19568578
Total Net Gains	\$3660692		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$27650724	\$18213656	\$9437068
Medicaid	\$15687872	\$11520402	\$4167470
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$30091571	\$17783088	\$12308483
Total	\$73430167	\$47517146	\$25913021

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$121784	\$168956	\$-47172

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	\$30889	\$-30889
Community Education	\$0	\$34202	\$-34202

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	13323
Number of Citizens Exposed to Health Education Messages	12500

Statement Six: Charity Statement

Hospital Charity Charges	\$7435262
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2353747	
HCI Payments	\$0		
Subtotal	\$0	\$2353747	\$-2353747
Medicaid Shortfalls	\$0	\$2199936	
Subtotal	\$0	\$4553683	\$-4553683
DSH Payments	\$1,213,999		
Subtotal	\$1213999	\$4553683	\$-3339684
Medicare Shortfalls	\$0	\$-87533	
Other Government Programs	\$0	\$0	
Total	\$1213999	\$4466150	\$-3252151

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$83395	\$-83395
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$50120	\$-50120

