



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: **GOOD SAMARITAN HOSPITAL**

City of Hospital: Vincennes

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

Email Address: sjordan@gshvin.org

Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$204177421
Outpatient Patient Service Revenue	\$351808675
Total Gross Patient Service Revenue	\$555986096

2. Deductions From Revenue

Contractual Allowance	\$267396835
Other Deductions	\$52568961
Total Deductions	\$319965796

3. Total Operating Revenue

Net Patient Service Revenue	\$236020301
Other Operating Revenue	\$8885008
Total Operating Revenue	\$244905309

4. Operating Expenses

Salaries and Wages	\$103214169	Employee Benefits	\$28964221
Depreciation and Amortization	\$12371808	Interest Expense	\$1565845
Bad Debt	\$19687890	Other Expenses	\$77217849
Total Operating Expenses	\$243021782		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1883528	Total Assets	\$310433608
Net Non-operating Gains over Loss	\$7555072	Total Liabilities	\$115292110
Total Net Gains	\$9438600		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$284243015	\$163579706	\$120663309
Medicaid	\$71190310	\$40969485	\$30220825
Other Government	\$2651289	\$1525797	\$1125492
Other State	\$480654	\$276613	\$204041
Other Payers	\$197420830	\$113614195	\$83806635
Total	\$555986098	\$319965796	\$236020302

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$460302	\$82390	\$377912

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$9247	\$0	\$9247

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$67626	\$370818	\$-303192
Hospital Patients	\$0	\$6347	\$-6347
Community Education	\$268	\$245677	\$-245409

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Number of Medical Professionals Trained	172
Number of Hospital Patients Educated	500678
Number of Citizens Exposed to Health Education Messages	97126

Statement Six: Charity Statement

Hospital Charity Charges	\$12932405
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4668598	
HCI Payments	\$0		
Subtotal	\$0	\$4668598	\$-4668598
Medicaid Shortfalls	\$14973991	\$23646470	
Subtotal	\$14973991	\$23646470	\$-8672479
DSH Payments	\$563,400		
Subtotal	\$15537391	\$23646470	\$-8109079
Medicare Shortfalls	\$73214066	\$98657252	
Other Government Programs	\$0	\$0	
Total	\$88751457	\$122303722	\$-33552265

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$80856	\$939916	\$-859060
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$307204	\$-307204
Other Allocations	\$59214	\$335593	\$-276379

Comments