



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. MARY'S MEDICAL CENTER (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Melissa Long

Email Address: mllong@stmarys.org

Medicare Provider Number: 15-0100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$636981310
Outpatient Patient Service Revenue	\$674629836
Total Gross Patient Service Revenue	\$1311611146

2. Deductions From Revenue

Contractual Allowance	\$796921812
Other Deductions	\$80384469
Total Deductions	\$877306281

3. Total Operating Revenue

Net Patient Service Revenue	\$434304866
Other Operating Revenue	\$10773256
Total Operating Revenue	\$445078122

4. Operating Expenses

Salaries and Wages	\$120587923	Employee Benefits	\$27041413
Depreciation and Amortization	\$12401752	Interest Expense	\$4194298
Bad Debt	\$0	Other Expenses	\$227602253
Total Operating Expenses	\$391827639		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$53250482	Total Assets	\$617201774
Net Non-operating Gains over Loss	\$48257359	Total Liabilities	\$198479327
Total Net Gains	\$101507841		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$557746621	\$453828972	\$103917649
Medicaid	\$51472288	\$39223545	\$12248743
Other Government	\$0	\$0	\$0
Other State	\$106474895	\$81137308	\$25337587
Other Payers	\$595917343	\$237790858	\$358126485
Total	\$1311611147	\$811980683	\$499630464

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$391546	\$0	\$391546

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	\$26794	\$325722	\$-298928
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$65325598
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$753	\$15169464	
HCI Payments	\$0		
Subtotal	\$753	\$15169464	\$-15168711
Medicaid Shortfalls	\$14630734	\$16722052	
Subtotal	\$14631487	\$31891516	\$-17260029
DSH Payments	\$1,863,975		
Subtotal	\$16495462	\$31891516	\$-15396054
Medicare Shortfalls	\$95448263	\$101216514	
Other Government Programs	\$0	\$0	
Total	\$111943725	\$133108030	\$-21164305

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1424341	\$-1424341
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

