



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 WARRICK HOSPITAL

City of Hospital: Boonville

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

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

Person Completing the Report: Stmarys Warrickhospitalinc

Email Address: kjhall@stmarys.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10856595
Outpatient Patient Service Revenue	\$25657560
<b>Total Gross Patient Service Revenue</b>	<b>\$36514155</b>

2. Deductions From Revenue

Contractual Allowance	\$18706287
Other Deductions	\$3401530
<b>Total Deductions</b>	<b>\$22107817</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$14406338
Other Operating Revenue	\$775117
<b>Total Operating Revenue</b>	<b>\$15181455</b>

4. Operating Expenses

Salaries and Wages	\$5632374	Employee Benefits	\$1048526
Depreciation and Amortization	\$703440	Interest Expense	\$156279
Bad Debt	\$0	Other Expenses	\$6932254
<b>Total Operating Expenses</b>	<b>\$14472873</b>		

### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$708581	Total Assets	\$13924831
Net Non-operating Gains over Loss	\$20720	Total Liabilities	\$13924831
Total Net Gains	\$729301		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18471392	\$8623381	\$9848011
Medicaid	\$5831400	\$4992081	\$839319
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12211363	\$8492355	\$3719008
Total	\$36514155	\$22107817	\$14406338

#### Statement Three: Donations Statement

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

#### 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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement
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Hospital Charity Charges	\$2599127
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$259098	
HCI Payments	\$0		
Subtotal	\$0	\$259098	\$-259098
Medicaid Shortfalls	\$839320	\$3218557	
Subtotal	\$839320	\$3477655	\$-2638335
DSH Payments	\$0		
Subtotal	\$839320	\$3477655	\$-2638335
Medicare Shortfalls	\$6334985	\$6272262	
Other Government Programs	\$0	\$0	
Total	\$7174305	\$9749917	\$-2575612

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$23514	\$-23514
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0