



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 ANDERSON REGIONAL HOSPITAL, INC.

City of Hospital: Anderson

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

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

Person Completing the Report: Kathy Zambos

Email Address: kathy.zambos@stvincent.org

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$187835751
Outpatient Patient Service Revenue	\$389439590
Total Gross Patient Service Revenue	\$577275341

2. Deductions From Revenue

Contractual Allowance	\$351093874
Other Deductions	\$27826401
Total Deductions	\$378920275

3. Total Operating Revenue

Net Patient Service Revenue	\$198355066
Other Operating Revenue	\$12353556
Total Operating Revenue	\$210708622

4. Operating Expenses

Salaries and Wages	\$62608808	Employee Benefits	\$17288248
Depreciation and Amortization	\$4204959	Interest Expense	\$301797
Bad Debt	\$13672895	Other Expenses	\$95765694
Total Operating Expenses	\$193842401		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16866221	Total Assets	\$137136164
Net Non-operating Gains over Loss	\$8013330	Total Liabilities	\$37237491
Total Net Gains	\$24879551		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$308567570	\$226337863	\$82229707
Medicaid	\$77047950	\$53335236	\$23712714
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$191659821	\$99247176	\$92412645
Total	\$577275341	\$378920275	\$198355066

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$591936	\$606337	\$-14401

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$35545	\$190524	\$-154979

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	\$29072	\$-29072
Community Education	\$0	\$213838	\$-213838

--	--

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	281
Number of Citizens Exposed to Health Education Messages	1632

Statement Six: Charity Statement

Hospital Charity Charges	\$27826401
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7591723	
HCI Payments	\$0		
Subtotal	\$0	\$7591723	\$-7591723
Medicaid Shortfalls	\$23712714	\$28969625	
Subtotal	\$23712714	\$28969625	\$-5256911
DSH Payments	\$1,862,953		
Subtotal	\$25575667	\$28969625	\$-3393958
Medicare Shortfalls	\$82229707	\$101545158	
Other Government Programs	\$0	\$0	
Total	\$107805374	\$130514783	\$-22709409

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$760769	\$-760769
Community Assessment	\$0	\$487631	\$-487631
Provision of Taxes	\$0	\$126350	\$-126350
Other Allocations	\$0	\$0	\$0

Comments



