



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 FISHERS HOSPITAL

City of Hospital: Fishers

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

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

Person Completing the Report: Stacey Allen

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Medicare Provider Number: 150181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$18546620
Outpatient Patient Service Revenue	\$90831765
<b>Total Gross Patient Service Revenue</b>	<b>\$109378385</b>

2. Deductions From Revenue

Contractual Allowance	\$50638901
Other Deductions	\$9282518
<b>Total Deductions</b>	<b>\$59921419</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$103381696
Other Operating Revenue	\$1769547
<b>Total Operating Revenue</b>	<b>\$105151243</b>

4. Operating Expenses

Salaries and Wages	\$14845103	Employee Benefits	\$3939475
Depreciation and Amortization	\$3379780	Interest Expense	\$0
Bad Debt	\$4755257	Other Expenses	\$19989754
<b>Total Operating Expenses</b>	<b>\$46909369</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$58241874	Total Assets	\$79272700
Net Non-operating Gains over Loss	\$932310	Total Liabilities	\$11506544
Total Net Gains	\$59174184		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$27389101	\$20611076	\$6778025
Medicaid	\$10461062	\$8923363	\$1537699
Other Government	\$16631667	\$1296341	\$15335326
Other State	\$0	\$0	\$0
Other Payers	\$54896555	\$19808121	\$35088434
Total	\$109378385	\$50638901	\$58739484

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4167	\$-4167

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	\$294164	\$-294164
Community Education	\$0	\$23548	\$-23548

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	14959
Number of Citizens Exposed to Health Education Messages	10705

Statement Six: Charity Statement
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Hospital Charity Charges	\$3382128
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1447051	
HCI Payments	\$0		
Subtotal	\$0	\$1447051	\$-1447051
Medicaid Shortfalls	\$0	\$3554989	
Subtotal	\$0	\$5002040	\$-5002040
DSH Payments	\$0		
Subtotal	\$0	\$5002040	\$-5002040
Medicare Shortfalls	\$0	\$6028992	
Other Government Programs	\$0	\$0	
Total	\$0	\$11031032	\$-11031032

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	\$11098	\$-11098
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0