



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. MARYS MEDICAL CENTER (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Melissa Long

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Medicare Provider Number: 15-0100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$713504989
Outpatient Patient Service Revenue	\$767348734
Total Gross Patient Service Revenue	\$1480853723

2. Deductions From Revenue

Contractual Allowance	\$911996480
Other Deductions	\$99737371
Total Deductions	\$1011733851

3. Total Operating Revenue

Net Patient Service Revenue	\$469119872
Other Operating Revenue	\$60917315
Total Operating Revenue	\$530037187

4. Operating Expenses

Salaries and Wages	\$139180433	Employee Benefits	\$33947254
Depreciation and Amortization	\$13858609	Interest Expense	\$4251911
Bad Debt	\$0	Other Expenses	\$263905574
Total Operating Expenses	\$455143781		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$74893406	Total Assets	\$824205488
Net Non-operating Gains over Loss	\$-3077630	Total Liabilities	\$251245694
Total Net Gains	\$71815776		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$652419375	\$516419113	\$136000262
Medicaid	\$57836587	\$47598571	\$10238016
Other Government	\$0	\$0	\$0
Other State	\$152059752	\$125142707	\$26917045
Other Payers	\$618538009	\$268830365	\$349707644
Total	\$1480853723	\$957990756	\$522862967

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$404761	\$0	\$404761

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	\$16982	\$442989	\$-426007
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

Hospital Charity Charges	\$53743095
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11634327	
HCI Payments	\$0		
Subtotal	\$0	\$11634327	\$-11634327
Medicaid Shortfalls	\$21884554	\$20104931	
Subtotal	\$21884554	\$31739258	\$-9854704
DSH Payments	\$1,461,915		
Subtotal	\$23346469	\$31739258	\$-8392789
Medicare Shortfalls	\$106626398	\$107725406	
Other Government Programs	\$0	\$0	
Total	\$129972867	\$139464664	\$-9491797

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2647648	\$-2647648
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments