



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 CARMEL HOSPITAL

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	
Outpatient Patient Service Revenue	
Total Gross Patient Service Revenue	\$407318975

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
Total Deductions	\$225542609

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$165617897

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$117561847		

5. Net Revenue and Expenses

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Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$43680976		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$23728355
Medicaid			\$2471778
Other Government			\$0
Other State			\$0
Other Payers			\$136384233
Total	\$407318975	\$244734609	\$162584366

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-210700

Statement Four: Research Statement

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

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$0
Hospital Patients			\$0
Community Education			\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	

Number of Citizens Exposed to Health Education Messages	
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Statement Six: Charity Statement

Hospital Charity Charges

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$2153627	\$-2153627
Medicaid Shortfalls			
Subtotal	\$0	\$8266330	\$-8266330
DSH Payments			
Subtotal	\$0	\$8266330	\$-8266330
Medicare Shortfalls			
Other Government Programs			
Total	\$0	\$16030100	\$-16030100

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-386893
Community Assessment			\$0
Provision of Taxes			\$-837293
Other Allocations			\$0

Comments