



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 MERCY HOSPITAL, INC.

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	\$67677995

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
Total Deductions	\$43391098

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$24709478

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$21896539		

5. Net Revenue and Expenses

Excess Revenue over Expenses		Total Assets	
		Total Liabilities	

Net Non-operating Gains over Loss		
Total Net Gains	\$2834867	

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$11692190
Medicaid			\$1208780
Other Government			\$0
Other State			\$0
Other Payers			\$11385927
Total	\$67677995	\$43391098	\$24286897

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-58

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			\$-14478
Community Education			\$-26976

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

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$1569179	\$-1569179
Medicaid Shortfalls			
Subtotal	\$0	\$3671693	\$-3671693
DSH Payments			
Subtotal	\$0	\$3671693	\$-3671693
Medicare Shortfalls			
Other Government Programs			
Total	\$0	\$3575752	\$-3575752

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-33031
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$-47427

Comments