



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 SALEM 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	\$49278286

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
Total Deductions	\$31523182

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$17955947

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$16501317		

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	\$1468963		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$9221728
Medicaid			\$230460
Other Government			\$0
Other State			\$0
Other Payers			\$8302915
Total	\$49278285	\$31523182	\$17755103

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-504

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			\$640

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

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-135000
Community Assessment			\$-9600
Provision of Taxes			\$0
Other Allocations			\$0

Comments