



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WARRICK HOSPITAL

City of Hospital: Warrick

Year Begin: 07/01/2022 (mm/dd/yyyy format)

Year End: 06/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

Email Address: christopher.overfield@ascension.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10141220
Outpatient Patient Service Revenue	\$51364065
Total Gross Patient Service Revenue	\$61505285

2. Deductions From Revenue

Contractual Allowance	\$43101092
Other Deductions	\$0
Total Deductions	\$43101092

3. Total Operating Revenue

Net Patient Service Revenue	\$18404193
Other Operating Revenue	\$876736
Total Operating Revenue	\$19280929

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4135702	\$0
Medicaid	\$163708	\$0
Commercial Insurance	\$292996	\$0
Self-pay	-\$21146	\$0
Any Other Category of Payer	\$97762	\$0
Total	\$4669022	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$4994959	\$0
Medicaid	\$1822552	\$0
Commercial Insurance	\$6079579	\$0
Self-pay	\$260521	\$0
Any Other Category of Payer	\$577561	\$0
Total	\$13735172	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9130661	\$0
Medicaid	\$1986260	\$0
Commercial Insurance	\$6372575	\$0
Self-pay	\$239374	\$0
Any Other Category of Payer	\$675324	\$0
Total	\$18404194	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$5925969	Employee Benefits	\$1529691
Depreciation and Amortization	\$972942	Interest Expense	\$124297
Bad Debt	\$0	Other Expenses	\$11879458
Total Operating Expenses	\$20432357		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1150428	Total Assets	\$10165235
Net Non-operating Gains over Loss	\$-5938	Total Liabilities	\$8440539
Total Net Gains	\$-1156366		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32882747	\$23752087	\$9130660
Medicaid	\$12654519	\$10668259	\$1986260
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15968019	\$8680746	\$7287273
Total	\$61505285	\$43101092	\$18404193

Statement Three: Donations Statement

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

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	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$379
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$743530
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$222717	
HCI Payments	\$0		
Subtotal	\$0	\$222717	\$-222717
Medicaid Shortfalls	\$2006615	\$5641763	
Subtotal	\$2006615	\$5864480	\$-3857865
DSH Payments	\$0		
Subtotal	\$2006615	\$5864480	\$-3857865
Medicare Shortfalls	\$9194855	\$9849711	
Other Government Programs	\$0	\$0	
Total	\$11201470	\$15714191	\$-4512721

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$19525	\$-19525
Community Assessment	\$0	\$60316	\$-60316
Provision of Taxes	\$0	\$1851223	\$-1851223
Other Allocations	\$0	\$0	\$0

Comments

//