



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 WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2013 (mm/dd/yyyy format)

Year End: 06/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

Medicare Provider Number: 151307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7871358
Outpatient Patient Service Revenue	\$55257431
Total Gross Patient Service Revenue	\$63128789

2. Deductions From Revenue

Contractual Allowance	\$34375924
Other Deductions	\$5317160
Total Deductions	\$39693084

3. Total Operating Revenue

Net Patient Service Revenue	\$23435705
Other Operating Revenue	\$444997
Total Operating Revenue	\$23880702

4. Operating Expenses

Salaries and Wages	\$9040476	Employee Benefits	\$2497549
Depreciation and Amortization	\$423316	Interest Expense	\$131731
Bad Debt	\$2100849	Other Expenses	\$7523234
Total Operating Expenses	\$21717155		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2163548	Total Assets	\$49369917
Net Non-operating Gains over Loss	\$3832343	Total Liabilities	\$9105101
Total Net Gains	\$5995891		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30283838	\$20870131	\$9413707
Medicaid	\$9274159	\$6959252	\$2314907
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23570793	\$11863702	\$11707091
Total	\$63128790	\$39693085	\$23435705

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$500	\$-500

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	16
Number of Hospital Patients Educated	2174
Number of Citizens Exposed to Health Education Messages	631

Statement Six: Charity Statement

Hospital Charity Charges	\$3949946
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1108433	
HCI Payments	\$0		
Subtotal	\$0	\$1108433	\$-1108433
Medicaid Shortfalls	\$0	\$1679697	
Subtotal	\$0	\$2788130	\$-2788130
DSH Payments	\$0		
Subtotal	\$0	\$2788130	\$-2788130
Medicare Shortfalls	\$0	\$-85842	
Other Government Programs	\$0	\$0	
Total	\$0	\$2702288	\$-2702288

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$128848	\$-128848
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0