



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 HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2014 (mm/dd/yyyy format)

Year End: 06/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Lisa Earl

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Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$328194130
Outpatient Patient Service Revenue	\$105986433
<b>Total Gross Patient Service Revenue</b>	<b>\$434180563</b>

2. Deductions From Revenue

Contractual Allowance	\$280935679
Other Deductions	\$12828935
<b>Total Deductions</b>	<b>\$293764614</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$137304365
Other Operating Revenue	\$643373
<b>Total Operating Revenue</b>	<b>\$137947738</b>

4. Operating Expenses

Salaries and Wages	\$29485684	Employee Benefits	\$8622034
Depreciation and Amortization	\$3613608	Interest Expense	\$1601051
Bad Debt	\$3111584	Other Expenses	\$64110913
<b>Total Operating Expenses</b>	<b>\$110544874</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$30514448	Total Assets	\$76879600
Net Non-operating Gains over	\$444680	Total Liabilities	\$45023631

Loss	
Total Net Gains	\$30959128

Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$295679030	\$231288223	\$64390807
Medicaid	\$11085084	\$9246486	\$1838598
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$127416449	\$56341488	\$71074961
Total	\$434180563	\$296876197	\$137304366

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$-303904

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$-157433

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$303904	\$-303904
Hospital Patients	\$0	\$157433	\$-157433
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	4351
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$8858838
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2099773	
HCI Payments	\$0		
Subtotal	\$0	\$2099773	\$-2099773
Medicaid Shortfalls	\$1950310	\$6351860	
Subtotal	\$1950310	\$8451633	\$-6501323
DSH Payments	\$0		
Subtotal	\$1950310	\$8451633	\$-6501323
Medicare Shortfalls	\$64414314	\$70089126	
Other Government Programs	\$0	\$0	
Total	\$66364624	\$78540759	\$-12176135

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2260	\$-2260
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$5008629	\$-5008629
Other Allocations	\$0	\$0	\$0

Comments