



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 JENNINGS HOSPITAL

City of Hospital: North Vernon

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

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

Person Completing the Report: Cindy Byford

Email Address: cbyford@stvincent.org

Medicare Provider Number: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4112090
Outpatient Patient Service Revenue	\$52342583
<b>Total Gross Patient Service Revenue</b>	<b>\$56454673</b>

2. Deductions From Revenue

Contractual Allowance	\$37549071
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$37549071</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$18905602
Other Operating Revenue	\$439538
<b>Total Operating Revenue</b>	<b>\$19345140</b>

4. Operating Expenses

Salaries and Wages	\$4945279	Employee Benefits	\$1595470
Depreciation and Amortization	\$514714	Interest Expense	\$330960
Bad Debt	\$3147002	Other Expenses	\$7368911
<b>Total Operating Expenses</b>	<b>\$17902336</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1442805	Total Assets	\$18982319
Net Non-operating Gains over	\$13072	Total Liabilities	\$18982319

Loss	
Total Net Gains	\$1455877

Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21331000	\$14779000	\$6552000
Medicaid	\$11999000	\$11203000	\$796000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23125000	\$11567000	\$11558000
Total	\$56455000	\$37549000	\$18906000

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

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

Statement Five: Education Statement
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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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1034000	
HCI Payments	\$0		
Subtotal	\$0	\$1034000	\$-1034000
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$-55000	
Other Government Programs	\$0	\$0	
Total	\$0	\$-55000	\$55000

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	\$5000	\$-5000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments