



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. MARY'S WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Stmarys Warrickhospitalinc

Email Address: kjhall@stmarys.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13329419
Outpatient Patient Service Revenue	\$26658973
<b>Total Gross Patient Service Revenue</b>	<b>\$39988392</b>

2. Deductions From Revenue

Contractual Allowance	\$20839549
Other Deductions	\$3238449
<b>Total Deductions</b>	<b>\$24077998</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$15910394
Other Operating Revenue	\$284101
<b>Total Operating Revenue</b>	<b>\$16194495</b>

4. Operating Expenses

Salaries and Wages	\$5444765	Employee Benefits	\$1224474
Depreciation and Amortization	\$692602	Interest Expense	\$145327
Bad Debt	\$0	Other Expenses	\$7976343
<b>Total Operating Expenses</b>	<b>\$15483511</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$710985	Total Assets	\$10654838
Net Non-operating Gains over Loss	\$-22895	Total Liabilities	\$10654838

Total Net Gains	\$688090
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22097768	\$10818466	\$11279302
Medicaid	\$6454928	\$5811360	\$643568
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$11435696	\$7448172	\$3987524
Total	\$39988392	\$24077998	\$15910394

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$2617699
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$222077	
HCI Payments	\$0		
Subtotal	\$0	\$222077	\$-222077
Medicaid Shortfalls	\$643568	\$3101334	
Subtotal	\$643568	\$3323411	\$-2679843
DSH Payments	\$0		
Subtotal	\$643568	\$3323411	\$-2679843
Medicare Shortfalls	\$8137415	\$8056847	
Other Government Programs	\$0	\$0	
Total	\$8780983	\$11380258	\$-2599275

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	\$18424	\$-18424
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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