



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

Year End: 06/30/2016 (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   | \$4387012  |
| Outpatient Patient Service Revenue  | \$58499417 |
| Total Gross Patient Service Revenue | \$62886429 |

2. Deductions From Revenue

|                       |            |
|-----------------------|------------|
| Contractual Allowance | \$45567460 |
| Other Deductions      | \$0        |
| Total Deductions      | \$45567460 |

3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$17318969 |
| Other Operating Revenue     | \$490471   |
| Total Operating Revenue     | \$17809440 |

4. Operating Expenses

|                               |            |                   |           |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages            | \$4823982  | Employee Benefits | \$1422630 |
| Depreciation and Amortization | \$599214   | Interest Expense  | \$323930  |
| Bad Debt                      | \$0        | Other Expenses    | \$8607834 |
| Total Operating Expenses      | \$15777590 |                   |           |

5. Net Revenue and Expenses

|                                   |           |                   |            |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses      | \$2031850 | Total Assets      | \$18977036 |
| Net Non-operating Gains over Loss | \$-215937 | Total Liabilities | \$18977036 |

|                 |           |
|-----------------|-----------|
| Total Net Gains | \$1815913 |
|-----------------|-----------|

Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$23268086            | \$15961317            | \$7306769                     |
| Medicaid         | \$19304572            | \$17585507            | \$1719065                     |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$26137545            | \$9006872             | \$17130673                    |
| Total            | \$68710203            | \$42553696            | \$26156507                    |

Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$17101                    | \$14100                     | \$3001                  |

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 | \$0 |
|--------------------------|-----|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$799000               |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$799000               | \$-799000                      |
| Medicaid Shortfalls       | \$0                   | \$0                    |                                |
| Subtotal                  | \$0                   | \$0                    | \$0                            |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$0                    | \$0                            |
| Medicare Shortfalls       | \$0                   | \$-57000               |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$0                   | \$-57000               | \$57000                        |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | 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

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