



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 MERCY HOSPITAL, INC.

City of Hospital: Elwood

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

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

Person Completing the Report: Sharon Church

Email Address: sfchurch@stvincent.org

Medicare Provider Number: 151308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7990301
Outpatient Patient Service Revenue	\$61594048
Total Gross Patient Service Revenue	\$69584349

2. Deductions From Revenue

Contractual Allowance	\$41579765
Other Deductions	\$3459014
Total Deductions	\$45038779

3. Total Operating Revenue

Net Patient Service Revenue	\$24545570
Other Operating Revenue	\$222070
Total Operating Revenue	\$24767640

4. Operating Expenses

Salaries and Wages	\$7462763	Employee Benefits	\$1956444
Depreciation and Amortization	\$857152	Interest Expense	\$351394
Bad Debt	\$0	Other Expenses	\$11648779
Total Operating Expenses	\$22276532		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2491108	Total Assets	\$31057878
Net Non-operating Gains over Loss	\$-582800	Total Liabilities	\$31057878

Total Net Gains	\$1908308
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30555684	\$18809581	\$11746103
Medicaid	\$15918287	\$14484322	\$1433965
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23110378	\$11744876	\$11365502
Total	\$69584349	\$45038779	\$24545570

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$84590	\$94274	\$-9684

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	\$8273	\$-8273
Community Education	\$0	\$8321	\$-8321

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	9657
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$3915497
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1221637	
HCI Payments	\$0		
Subtotal	\$0	\$1221637	\$-1221637
Medicaid Shortfalls	\$0	\$3834897	
Subtotal	\$0	\$5056534	\$-5056534
DSH Payments	\$0		
Subtotal	\$0	\$5056534	\$-5056534
Medicare Shortfalls	\$0	\$-95334	
Other Government Programs	\$0	\$0	
Total	\$0	\$4961200	\$-4961200

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$33031	\$-33031
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$52960	\$-52960

Comments

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