



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 SALEM HOSPITAL

City of Hospital: Salem

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$2148164	Contractual Allowance	\$36675891
Outpatient Patient Service Revenue	\$56379824	Other Deductions	\$1330724
Total Gross Patient Service Revenue	\$58527988	Total Deductions	\$38006615

3. Total Operating Revenue	
Net Patient Service Revenue	\$19243496
Other Operating Revenue	\$461277
Total Operating Revenue	\$19704773

4. Operating Expenses			
Salaries and Wages	\$4683954	Employee Benefits	\$1230863
Depreciation and Amortization	\$646180	Interest Expense	\$0

Bad Debt	\$1277878	Other Expenses	\$10602952
Total Operating Expenses	\$18441827		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2540823	Total Assets	\$7672666
Net Non-operating Gains over Loss	\$926	Total Liabilities	\$3535095
Total Net Gains	\$2541749		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26615470	\$17439425	\$9176045
Medicaid	\$13420010	\$11696276	\$1723734
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18492508	\$6136476	\$12356032
Total	\$58527988	\$35272177	\$23255811

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
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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	\$89382	\$-89382

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$1168

Statement Six: Charity Statement

Hospital Charity Charges	\$2734438
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$749934	
HCI Payments	\$0		
Subtotal	\$0	\$749934	\$-749934
Medicaid Shortfalls	\$1648100	\$4559951	
Subtotal	\$1648100	\$5309885	\$-3661785
DSH Payments	\$0		
Subtotal	\$1648100	\$5309885	\$-3661785
Medicare Shortfalls	\$7372427	\$7299433	
Other Government Programs	\$0	\$0	
Total	\$9020527	\$12609318	\$-3588791

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$70101	\$-70101
Community Assessment	\$0	\$39996	\$-39996
Provision of Taxes	\$0	\$879442	\$-879442
Other Allocations	\$0	\$0	\$0

Comments

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