



Hospital Fiscal Report

State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12243422
Outpatient Patient Service Revenue	\$49430714
Total Gross Patient Service Revenue	\$61674136

2. Deductions From Revenue

Contractual Allowance	\$29532100
Other Deductions	\$3419534
Total Deductions	\$32951634

3. Total Operating Revenue

Net Patient Service Revenue	\$28722502
Other Operating Revenue	\$421790
Total Operating Revenue	\$29144292

4. Operating Expenses

Salaries and Wages	\$8714292	Employee Benefits	\$2688779
Depreciation and Amortization	\$644848	Interest Expense	\$15649
Bad Debt	\$3740320	Other Expenses	\$10119674
Total Operating Expenses	\$25923562		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3220730	Total Assets	\$28063406
Net Non-operating Gains over Loss	\$2087806	Total Liabilities	\$7887565
Total Net Gains	\$5308536		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$24739742	\$14961721	\$9778021
Medicaid	\$10002583	\$8684718	\$1317865
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26931811	\$9305195	\$17626616
Total	\$61674136	\$32951634	\$28722502

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$21478	\$-21478

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	\$1640	\$35744	\$-34104
Community Education	\$0	\$38876	\$-38876

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	270
Number of Citizens Exposed to Health Education Messages	32000

Statement Six: Charity Statement

Hospital Charity Charges	\$1637161
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$581168	
HCI Payments	\$0		
Subtotal	\$0	\$581168	\$-581168
Medicaid Shortfalls	\$0	\$1850947	
Subtotal	\$0	\$2432115	\$-2432115
DSH Payments	\$0		
Subtotal	\$0	\$2432115	\$-2432115
Medicare Shortfalls	\$87822	\$0	
Other Government Programs	\$0	\$0	
Total	\$87822	\$2432115	\$-2344293

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	\$575	\$97616	\$-97041
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$4616	\$0	\$4616
Other Allocations	\$0	\$0	\$0