



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 MERCY HOSPITAL, INC.

City of Hospital: Elwood

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

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

Medicare Provider Number: 151308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12001636
Outpatient Patient Service Revenue	\$44440406
Total Gross Patient Service Revenue	\$56442042

2. Deductions From Revenue

Contractual Allowance	\$29449350
Other Deductions	\$849296
Total Deductions	\$30298646

3. Total Operating Revenue

Net Patient Service Revenue	\$26143396
Other Operating Revenue	\$396747
Total Operating Revenue	\$26540143

4. Operating Expenses

Salaries and Wages	\$11277906	Employee Benefits	\$3368449
Depreciation and Amortization	\$831617	Interest Expense	\$364809
Bad Debt	\$2836129	Other Expenses	\$7680311
Total Operating Expenses	\$26359221		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$180922	Total Assets	\$25535364
Net Non-operating Gains over Loss	\$342014	Total Liabilities	\$25535364
Total Net Gains	\$522936		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$24871383	\$13138187	\$11733196
Medicaid	\$7300588	\$6578668	\$721920
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24270071	\$10581791	\$13688280
Total	\$56442042	\$30298646	\$26143396

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$35052	\$107155	\$-72103

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	\$24709	\$-24709
Community Education	\$0	\$25154	\$-25154

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	35035
Number of Citizens Exposed to Health Education Messages	50000

Statement Six: Charity Statement

Hospital Charity Charges	\$4363256
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1792589	
HCI Payments	\$0		
Subtotal	\$0	\$1792589	\$-1792589
Medicaid Shortfalls	\$0	\$1875503	
Subtotal	\$0	\$3668092	\$-3668092
DSH Payments	\$0		
Subtotal	\$0	\$3668092	\$-3668092
Medicare Shortfalls	\$0	\$-102181	
Other Government Programs	\$0	\$0	
Total	\$0	\$3565911	\$-3565911

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$24709	\$-24709
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$19023	\$-19023