



## 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 CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0157

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$184734180
Outpatient Patient Service Revenue	\$153616342
Total Gross Patient Service Revenue	\$338350522

#### 2. Deductions From Revenue

Contractual Allowance	\$186029363
Other Deductions	\$7396864
Total Deductions	\$193426227

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$144924295
Other Operating Revenue	\$19694199
Total Operating Revenue	\$164618494

#### 4. Operating Expenses

Salaries and Wages	\$43995050	Employee Benefits	\$12265404
Depreciation and Amortization	\$4526382	Interest Expense	\$800482
Bad Debt	\$7092017	Other Expenses	\$49552090
Total Operating Expenses	\$118231425		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$46387069	Total Assets	\$569892600
Net Non-operating Gains over Loss	\$-10203378	Total Liabilities	\$40140833
Total Net Gains	\$36183691		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$96023301	\$75375811	\$20647490
Medicaid	\$18394467	\$16586413	\$1808054
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$223932754	\$101464003	\$122468751
Total	\$338350522	\$193426227	\$144924295

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$106683	\$102414	\$4269

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$2450	\$9003	\$-6553

### 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	\$379500	\$-379500
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	3795
Number of Citizens Exposed to Health Education Messages	11385

### Statement Six: Charity Statement

Hospital Charity Charges	\$7396864
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2442643	
HCI Payments	\$0		
Subtotal	\$0	\$2442643	\$-2442643
Medicaid Shortfalls	\$0	\$1566540	
Subtotal	\$0	\$4009183	\$-4009183
DSH Payments	\$0		
Subtotal	\$0	\$4009183	\$-4009183
Medicare Shortfalls	\$0	\$11059717	
Other Government Programs	\$0	\$0	
Total	\$0	\$15068900	\$-15068900

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$542326	\$-542326
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$3514984	\$3981056	\$-466072
Other Allocations	\$0	\$0	\$0