



## 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 RANDOLPH HOSPITAL

City of Hospital: Winchester

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

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

Medicare Provider Number: 15-1301, 15-Z301

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16706158
Outpatient Patient Service Revenue	\$61221429
Total Gross Patient Service Revenue	\$77927587

#### 2. Deductions From Revenue

Contractual Allowance	\$48549458
Other Deductions	\$2344626
Total Deductions	\$50894084

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$27033503
Other Operating Revenue	\$459407
Total Operating Revenue	\$27492910

#### 4. Operating Expenses

Salaries and Wages	\$10893520	Employee Benefits	\$3001182
Depreciation and Amortization	\$975960	Interest Expense	\$544652
Bad Debt	\$0	Other Expenses	\$9661934
Total Operating Expenses	\$25077248		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2415662	Total Assets	\$41286189
Net Non-operating Gains over Loss	\$365827	Total Liabilities	\$19916076
Total Net Gains	\$2781489		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$30615221	\$20612574	\$10002647
Medicaid	\$15811604	\$12183803	\$3627801
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$31500762	\$18097707	\$13403055
Total	\$77927587	\$50894084	\$27033503

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$197524	\$202104	\$-4580

### 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	\$36406	\$-36406
Community Education	\$0	\$59618	\$-59618

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	14357
Number of Citizens Exposed to Health Education Messages	12500

### Statement Six: Charity Statement

Hospital Charity Charges	\$7789698
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2469880	
HCI Payments	\$0		
Subtotal	\$0	\$2469880	\$-2469880
Medicaid Shortfalls	\$0	\$1303793	
Subtotal	\$0	\$3773673	\$-3773673
DSH Payments	\$593,776		
Subtotal	\$593776	\$3773673	\$-3179897
Medicare Shortfalls	\$0	\$-97072	
Other Government Programs	\$0	\$0	
Total	\$593776	\$3676601	\$-3082825

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$147457	\$-147457
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0