



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT EVANSVILLE HOSPITAL

City of Hospital: Evansville

Year Begin: 07/01/2023 (mm/dd/yyyy format)

Year End: 06/30/2024 (mm/dd/yyyy format)

Person Completing the Report: Christopher Overfield

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Medicare Provider Number: 150100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$897412213
Outpatient Patient Service Revenue	\$1684349606
<b>Total Gross Patient Service Revenue</b>	<b>\$2581761819</b>

2. Deductions From Revenue

Contractual Allowance	\$1909773417
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$1909773417</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$671988401
Other Operating Revenue	\$15841070
<b>Total Operating Revenue</b>	<b>\$687829471</b>

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$120039522	8391
Medicaid	\$39509908	3241
Commercial Insurance	\$77043266	3292
Self-pay	\$-3177811	544
Any Other Category of Payer	\$-4974432	317
<b>Total</b>	<b>\$228440453</b>	<b>15785</b>

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$135526268	102611
Medicaid	\$35344397	46512
Commercial Insurance	\$252993940	82272
Self-pay	\$10416226	13491
Any Other Category of Payer	\$9267120	3870
Total	\$443547951	248756

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$255565790	111002
Medicaid	\$74854305	49753
Commercial Insurance	\$330037206	85564
Self-pay	\$7238415	14035
Any Other Category of Payer	\$4292688	4204
Total	\$671988404	264558

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

## 13. Operating Expenses

Salaries and Wages	\$137785810	Employee Benefits	\$29930049
Depreciation and Amortization	\$23622988	Interest Expense	\$4544437
Bad Debt	\$0	Other Expenses	\$455492421
Total Operating Expenses	\$651375705		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$36456672	Total Assets	\$389650500
Net Non-operating Gains over Loss	\$-575783	Total Liabilities	\$304072442
Total Net Gains	\$35880889		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1350000664	\$1094434874	\$255565790
Medicaid	\$379247533	\$304393228	\$74854305
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$852513531	\$510945315	\$341568216
Total	\$2581761728	\$1909773417	\$671988311

## 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

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$9165266	\$-9165266
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1207968	\$-1207968

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$14647
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges	\$26590911
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6796570	
HCI Payments	\$0		
Subtotal	\$0	\$6796570	\$-6796570
Medicaid Shortfalls	\$77949614	\$98261699	
Subtotal	\$77949614	\$105058269	\$-27108655
DSH Payments	\$0		
Subtotal	\$77949614	\$105058269	\$-27108655
Medicare Shortfalls	\$256667697	\$316498603	
Other Government Programs	\$0	\$0	
Total	\$334617311	\$421556872	\$-86939561

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	\$0	\$1048953	\$-1048953
Community Assessment	\$0	\$10245904	\$-10245904
Provision of Taxes	\$0	\$27995522	\$-27995522
Other Allocations	\$0	\$0	\$0

Comments