



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 FISHERS HOSPITAL

City of Hospital: Fishers

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

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

Person Completing the Report: Brad Burks

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Medicare Provider Number: 10-5181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$54939652
Outpatient Patient Service Revenue	\$215482857
Total Gross Patient Service Revenue	\$270422509

2. Deductions From Revenue

Contractual Allowance	\$180144513
Other Deductions	\$3699869
Total Deductions	\$183844382

3. Total Operating Revenue

Net Patient Service Revenue	\$78878594
Other Operating Revenue	\$892421
Total Operating Revenue	\$79771015

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6461578	454
Medicaid	\$2034553	230
Commercial Insurance	\$2489625	127
Self-pay	\$1030491	87
Any Other Category of Payer	\$6435071	525
Total	\$18451318	1423

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$10973246	10706
Medicaid	\$4116498	5694
Commercial Insurance	\$3235109	2193
Self-pay	\$3003234	2155
Any Other Category of Payer	\$39099189	22238
Total	\$60427276	42986

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	\$17434824	11160
Medicaid	\$6151051	5924
Commercial Insurance	\$5724734	2320
Self-pay	\$4033725	2242
Any Other Category of Payer	\$45534260	22763
Total	\$78878594	44409

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	\$15676343	Employee Benefits	\$2964822
Depreciation and Amortization	\$3376397	Interest Expense	\$0
Bad Debt	\$7699534	Other Expenses	\$43403892
Total Operating Expenses	\$73120988		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$14349559	Total Assets	\$75430916
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$19013850
Total Net Gains	\$14349559		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$99532354	\$82097530	\$17434824
Medicaid	\$41307074	\$35156023	\$6151051
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$129583081	\$74290362	\$55292719
Total	\$270422509	\$191543915	\$78878594

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	\$124004	\$-124004
Hospital Patients	\$0	\$115264	\$-115264
Community Education	\$0	\$181262	\$-181262

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	1298
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1963520
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$447931	
HCI Payments	\$0		
Subtotal	\$0	\$447931	\$-447931
Medicaid Shortfalls	\$6276847	\$12648977	
Subtotal	\$6276847	\$12648977	\$-6372130
DSH Payments	\$0		
Subtotal	\$6276847	\$12648977	\$-6372130
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$17511192	\$22705989	
Total	\$23788039	\$35354966	\$-11566927

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$37553	\$-37553
Community Assessment	\$0	\$291757	\$-291757
Provision of Taxes	\$0	\$3225730	\$-3225730
Other Allocations	\$0	\$0	\$0

Comments