



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$373357951
Outpatient Patient Service Revenue	\$367277015
Total Gross Patient Service Revenue	\$740634966

2. Deductions From Revenue

Contractual Allowance	\$491883682
Other Deductions	\$5072536
Total Deductions	\$496956218

3. Total Operating Revenue

Net Patient Service Revenue	\$243678748
Other Operating Revenue	\$4312380
Total Operating Revenue	\$247991128

4. Operating Expenses

Salaries and Wages	\$49371679	Employee Benefits	\$12703294
Depreciation and Amortization	\$10884467	Interest Expense	\$3321451
Bad Debt	\$20825588	Other Expenses	\$86742468
Total Operating Expenses	\$183848947		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$64142181	Total Assets	\$388169152
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$9346900

Total Net Gains	\$64142181
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$313158375	\$252043745	\$61114630
Medicaid	\$113510083	\$94917395	\$18592688
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$313966508	\$149995078	\$163971430
Total	\$740634966	\$496956218	\$243678748

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	\$57946	\$271884	\$-213938
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$5072536
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1024746	
HCI Payments	\$0		
Subtotal	\$0	\$1024746	\$-1024746
Medicaid Shortfalls	\$18177852	\$29794037	
Subtotal	\$18177852	\$30818783	\$-12640931
DSH Payments	\$0		
Subtotal	\$18177852	\$30818783	\$-12640931
Medicare Shortfalls	\$60189291	\$63257992	
Other Government Programs	\$0	\$0	
Total	\$78367143	\$94076775	\$-15709632

Statement Seven: Subsidized Health Services for the Community

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

Comments

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