



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: KINDRED HOSPITAL NORTHERN INDIANA

City of Hospital: MISHAWAKA, IN

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

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

Person Completing the Report: Christy Henrich

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Medicare Provider Number: 152018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$51724131
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$51724131</b>

2. Deductions From Revenue

Contractual Allowance	\$36720380
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$36720380</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$15003751
Other Operating Revenue	\$5727
<b>Total Operating Revenue</b>	<b>\$15009478</b>

4. Operating Expenses

Salaries and Wages	\$5847504	Employee Benefits	\$788729
Depreciation and Amortization	\$328556	Interest Expense	\$704
Bad Debt	\$0	Other Expenses	\$5124354
<b>Total Operating Expenses</b>	<b>\$12089847</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$2919631	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0
Total Net Gains	\$2919631		

Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$35905123	\$27319620	\$8585503
Medicaid	\$89433	\$68296	\$21137
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15632000	\$9234890	\$6397110
Total	\$51626556	\$36622806	\$15003750

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
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
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments