



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: KOSCIUSKO COMMUNITY HOSPITAL

City of Hospital: Warsaw

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

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

Person Completing the Report: Lyndsey Vance

Email Address: LVance@kch.com

Medicare Provider Number: 15-0133

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$158016829
Outpatient Patient Service Revenue	\$332907771
<b>Total Gross Patient Service Revenue</b>	<b>\$490924600</b>

2. Deductions From Revenue

Contractual Allowance	\$362737536
Other Deductions	\$2219813
<b>Total Deductions</b>	<b>\$364957349</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$125967251
Other Operating Revenue	\$455021
<b>Total Operating Revenue</b>	<b>\$126422272</b>

4. Operating Expenses

Salaries and Wages	\$22774639	Employee Benefits	\$4814146
Depreciation and Amortization	\$4936503	Interest Expense	\$45171
Bad Debt	\$16970998	Other Expenses	\$32685831
<b>Total Operating Expenses</b>	<b>\$82227288</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$44194984	Total Assets	\$62929442
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$289748215
Total Net Gains	\$44194984		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$123423779	\$109050369	\$14373410
Medicaid	\$73218884	\$62608621	\$10610263
Other Government	\$3614301	\$4867671	\$-1253370
Other State	\$0	\$0	\$0
Other Payers	\$290667636	\$188550937	\$102116699
Total	\$490924600	\$365077598	\$125847002

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$87639	\$-87639

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	\$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	\$1049733	
HCI Payments	\$0		
Subtotal	\$0	\$1049733	\$-1049733
Medicaid Shortfalls	\$7905761	\$27118574	
Subtotal	\$7905761	\$28168307	\$-20262546
DSH Payments	\$484,641		
Subtotal	\$8390402	\$28168307	\$-19777905
Medicare Shortfalls	\$13597618	\$70148989	
Other Government Programs	\$0	\$0	
Total	\$21988020	\$98317296	\$-76329276

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	\$38156	\$-38156
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$1011710	\$-1011710
Other Allocations	\$0	\$0	\$0

Comments