



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: VIBRA HOSPITAL OF NORTHERN INDIANA

City of Hospital: Crown Point

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

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

Person Completing the Report: Brian Cunningham

Email Address: bcunningham@vibrahealth.com

Medicare Provider Number: 15-2028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$57386680
Outpatient Patient Service Revenue	\$
<b>Total Gross Patient Service Revenue</b>	<b>\$57386680</b>

2. Deductions From Revenue

Contractual Allowance	\$38173089
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$38173089</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$19213591
Other Operating Revenue	\$0
<b>Total Operating Revenue</b>	<b>\$19213591</b>

4. Operating Expenses

Salaries and Wages	\$7167308	Employee Benefits	\$1820350
Depreciation and Amortization	\$85185	Interest Expense	\$0
Bad Debt	\$566955	Other Expenses	\$5270105
<b>Total Operating Expenses</b>	<b>\$14909903</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4303688	Total Assets	\$12207374
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1951249
Total Net Gains	\$4303688		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44706745	\$30390818	\$14315927
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12679935	\$7782271	\$4897664
Total	\$57386680	\$38173089	\$19213591

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	\$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	\$171504	\$-171504
Other Allocations	\$0	\$0	\$0

Comments