



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 OF INDIANA, INC. - NORTH

City of Hospital: Indianapolis

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0169, 15-S169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$748031669
Outpatient Patient Service Revenue	\$540667996
Total Gross Patient Service Revenue	\$1288699665

2. Deductions From Revenue

Contractual Allowance	\$845898202
Other Deductions	\$1929906
Total Deductions	\$847828108

3. Total Operating Revenue

Net Patient Service Revenue	\$440871557
Other Operating Revenue	\$2480612
Total Operating Revenue	\$443352169

4. Operating Expenses

Salaries and Wages	\$89219269	Employee Benefits	\$29426764
Depreciation and Amortization	\$12786037	Interest Expense	\$9598978
Bad Debt	\$20077424	Other Expenses	\$180907956
Total Operating Expenses	\$342016428		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$101335741	Total Assets	\$916705762
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3566562

Total Net Gains	\$101335741
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$468544297	\$377989279	\$90555018
Medicaid	\$251330322	\$199439740	\$51890582
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$568825046	\$270399089	\$298425957
Total	\$1288699665	\$847828108	\$440871557

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1929906
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$508935	
HCI Payments	\$0		
Subtotal	\$0	\$508935	\$-508935
Medicaid Shortfalls	\$52200513	\$82585553	
Subtotal	\$52200513	\$83094488	\$-30893975
DSH Payments	\$0		
Subtotal	\$52200513	\$83094488	\$-30893975
Medicare Shortfalls	\$91061118	\$121352973	
Other Government Programs	\$0	\$0	
Total	\$143261631	\$204447461	\$-61185830

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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