



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: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

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

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

Person Completing the Report: Octavius Molton

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Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$148376484 |
| Outpatient Patient Service Revenue | \$454149092 |
| Total Gross Patient Service Revenue | \$602525576 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$322763992 |
| Other Deductions | \$4200000 |
| Total Deductions | \$326963992 |

3. Total Operating Revenue

| | |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$275561584 |
| Other Operating Revenue | \$6233598 |
| Total Operating Revenue | \$281795182 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$102226123 | Employee Benefits | \$28620874 |
| Depreciation and Amortization | \$16969641 | Interest Expense | \$5116398 |
| Bad Debt | \$23115494 | Other Expenses | \$102157614 |
| Total Operating Expenses | \$278206144 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$3589038 | Total Assets | \$534837145 |
| Net Non-operating Gains over Loss | \$12614859 | Total Liabilities | \$168857743 |

| | |
|-----------------|------------|
| Total Net Gains | \$16203897 |
|-----------------|------------|

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$254265793 | \$194767597 | \$59498196 |
| Medicaid | \$56637404 | \$42857255 | \$13780149 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$291622379 | \$85139140 | \$206483239 |
| Total | \$602525576 | \$322763992 | \$279761584 |

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 | \$4200000 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$0 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicaid Shortfalls | \$11183259 | \$21100489 | |
| Subtotal | \$11183259 | \$21100489 | \$-9917230 |
| DSH Payments | \$3,755,583 | | |
| Subtotal | \$14938842 | \$21100489 | \$-6161647 |
| Medicare Shortfalls | \$45205499 | \$85293393 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$60144341 | \$106393882 | \$-46249541 |

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| 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