



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-INDIANAPOLIS NORTH

City of Hospital: Indianapolis

Year Begin: 06/01/2016 (mm/dd/yyyy format)

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

Person Completing the Report: Jeanne Lilly

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Medicare Provider Number: 15-2013

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23650691
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$23650691

2. Deductions From Revenue

Contractual Allowance	\$15126112
Other Deductions	\$0
Total Deductions	\$15126112

3. Total Operating Revenue

Net Patient Service Revenue	\$8014009
Other Operating Revenue	\$18981
Total Operating Revenue	\$8032990

4. Operating Expenses

Salaries and Wages	\$4023369	Employee Benefits	\$609320
Depreciation and Amortization	\$146842	Interest Expense	\$0
Bad Debt	\$157887	Other Expenses	\$0
Total Operating Expenses	\$4937418		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1844753	Total Assets	\$6278708
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1219503

Total Net Gains	\$-1844753
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$14990188	\$9567500	\$5422688
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$8660503	\$5558612	\$3101891
Total	\$23650691	\$15126112	\$8524579

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

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

	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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