



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 EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$825516326
Outpatient Patient Service Revenue	\$1990911422
Total Gross Patient Service Revenue	\$2816427748

2. Deductions From Revenue

Contractual Allowance	\$1879903657
Other Deductions	\$13686410
Total Deductions	\$1893590067

3. Total Operating Revenue

Net Patient Service Revenue	\$922837681
Other Operating Revenue	\$22758053
Total Operating Revenue	\$945595734

4. Operating Expenses

Salaries and Wages	\$194587456	Employee Benefits	\$45880067
Depreciation and Amortization	\$27655647	Interest Expense	\$18221950
Bad Debt	\$31475129	Other Expenses	\$432914673
Total Operating Expenses	\$750734922		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$194860812	Total Assets	\$942283855
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$23017626

Total Net Gains	\$194860812
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1369877406	\$1134669455	\$235207951
Medicaid	\$572479514	\$369879014	\$202600500
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$874070828	\$389041598	\$485029230
Total	\$2816427748	\$1893590067	\$922837681

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	\$777035	\$3643296	\$-2866261

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$9993674	\$23959755	\$-13966081
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	309
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$13686410
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3175152	
HCI Payments	\$0		
Subtotal	\$0	\$3175152	\$-3175152
Medicaid Shortfalls	\$202606291	\$158451247	
Subtotal	\$202606291	\$161626399	\$40979892
DSH Payments	\$13,725,919		
Subtotal	\$216332210	\$161626399	\$54705811
Medicare Shortfalls	\$235169046	\$317811558	
Other Government Programs	\$0	\$0	
Total	\$451501256	\$479437957	\$-27936701

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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