



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 NORTH

City of Hospital: Indianapolis

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1009488558
Outpatient Patient Service Revenue	\$733122876
Total Gross Patient Service Revenue	\$1742611434

2. Deductions From Revenue

Contractual Allowance	\$1190454945
Other Deductions	\$5194570
Total Deductions	\$1195649515

3. Total Operating Revenue

Net Patient Service Revenue	\$546961919
Other Operating Revenue	\$4210377
Total Operating Revenue	\$551172296

4. Operating Expenses

Salaries and Wages	\$130176051	Employee Benefits	\$29460546
Depreciation and Amortization	\$14934909	Interest Expense	\$12232783
Bad Debt	\$14942051	Other Expenses	\$230156415
Total Operating Expenses	\$431902755		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$119269541	Total Assets	\$1530570820
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$34460785

Total Net Gains	\$119269541
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$653032518	\$537434559	\$115597959
Medicaid	\$410016813	\$313786647	\$96230166
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$679562103	\$344428309	\$335133794
Total	\$1742611434	\$1195649515	\$546961919

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	\$5194570
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1252101	
HCI Payments	\$0		
Subtotal	\$0	\$1252101	\$-1252101
Medicaid Shortfalls	\$96230166	\$130413510	
Subtotal	\$96230166	\$131665611	\$-35435445
DSH Payments	\$0		
Subtotal	\$96230166	\$131665611	\$-35435445
Medicare Shortfalls	\$115597959	\$157380837	
Other Government Programs	\$0	\$0	
Total	\$211828125	\$289046448	\$-77218323

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