



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: INDIANA SPINE HOSPITAL

City of Hospital: Carmel

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

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

Person Completing the Report: Joanna Klavon

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Medicare Provider Number: NA

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$32464222
Outpatient Patient Service Revenue	\$2365950
Total Gross Patient Service Revenue	\$34830172

2. Deductions From Revenue

Contractual Allowance	\$0
Other Deductions	\$1811
Total Deductions	\$1811

3. Total Operating Revenue

Net Patient Service Revenue	\$34828361
Other Operating Revenue	\$116060
Total Operating Revenue	\$34944421

4. Operating Expenses

Salaries and Wages	\$3173413	Employee Benefits	\$643758
Depreciation and Amortization	\$579602	Interest Expense	\$78214
Bad Debt	\$0	Other Expenses	\$19129625
Total Operating Expenses	\$23604612		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11339809	Total Assets	\$2656911
Net Non-operating Gains over Loss	\$-292	Total Liabilities	\$840502

Total Net Gains	\$11339517
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$34830172	\$0	\$34830172
Total	\$34830172	\$0	\$34830172

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	\$11643	\$-11643
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	\$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	\$401932	
Total	\$0	\$401932	\$-401932

Statement Seven: Subsidized Health Services for the Community
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	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	\$42610	\$-42610
Other Allocations	\$0	\$0	\$0

Comments

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