



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: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

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

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

Person Completing the Report: Megan Temples

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Medicare Provider Number: 150059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$183458717
Outpatient Patient Service Revenue	\$503461753
Total Gross Patient Service Revenue	\$686920470

2. Deductions From Revenue

Contractual Allowance	\$436625157
Other Deductions	\$13715477
Total Deductions	\$450340634

3. Total Operating Revenue

Net Patient Service Revenue	\$236579835
Other Operating Revenue	\$17378762
Total Operating Revenue	\$253958597

4. Operating Expenses

Salaries and Wages	\$91886795	Employee Benefits	\$17289667
Depreciation and Amortization	\$17484632	Interest Expense	\$2359298
Bad Debt	\$17335054	Other Expenses	\$131939119
Total Operating Expenses	\$278294565		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-24335968	Total Assets	\$344988670
Net Non-operating Gains over Loss	\$10394836	Total Liabilities	\$344988670

Total Net Gains	\$-13941132
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$247291369	\$-231338278	\$478629647
Medicaid	\$226683755	\$-45737600	\$272421355
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$212945345	\$-159549279	\$372494624
Total	\$686920469	\$-436625157	\$1123545626

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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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
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$17335054	
HCI Payments	\$0		
Subtotal	\$0	\$17335054	\$-17335054
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,983,613		
Subtotal	\$2983613	\$0	\$2983613
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2983613	\$0	\$2983613

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	\$17335054	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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