



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$253925599
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$253925599

2. Deductions From Revenue

Contractual Allowance	\$457465335
Other Deductions	\$0
Total Deductions	\$457465335

3. Total Operating Revenue

Net Patient Service Revenue	\$164236579
Other Operating Revenue	\$6563632
Total Operating Revenue	\$170800211

4. Operating Expenses

Salaries and Wages	\$41976844	Employee Benefits	\$10924369
Depreciation and Amortization	\$9856711	Interest Expense	\$2337854
Bad Debt	\$0	Other Expenses	\$82661059
Total Operating Expenses	\$147756837		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$23043374	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0
Total Net Gains	\$23043374		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$211113510	\$160632296	\$50481214
Medicaid	\$43056793	\$37432526	\$5624267
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$203295032	\$95163934	\$108131098
Total	\$457465335	\$293228756	\$164236579

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	\$3276942	\$-3276942

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	\$14201947
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5361089	
HCI Payments	\$0		
Subtotal	\$0	\$5361089	\$-5361089
Medicaid Shortfalls	\$5624267	\$12538192	
Subtotal	\$5624267	\$17899281	\$-12275014
DSH Payments	\$0		
Subtotal	\$5624267	\$17899281	\$-12275014
Medicare Shortfalls	\$50481214	\$61476518	
Other Government Programs	\$0	\$0	
Total	\$56105481	\$79375799	\$-23270318

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