



## 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 OF INDIANA, INC. - EAST

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: 15-0074

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$295351288
Outpatient Patient Service Revenue	\$539095152
Total Gross Patient Service Revenue	\$834446440

#### 2. Deductions From Revenue

Contractual Allowance	\$529633340
Other Deductions	\$0
Total Deductions	\$529633340

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$304813101
Other Operating Revenue	\$36800047
Total Operating Revenue	\$341613148

#### 4. Operating Expenses

Salaries and Wages	\$125160058	Employee Benefits	\$28020337
Depreciation and Amortization	\$13915792	Interest Expense	\$771666
Bad Debt	\$0	Other Expenses	\$152497477
Total Operating Expenses	\$320365330		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-21247818	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0
Total Net Gains	\$-21247818		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$357526881	\$264758948	\$92767933
Medicaid	\$158902029	\$112820001	\$46082028
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$318017530	\$152054391	\$165963139
Total	\$834446440	\$529633340	\$304813100

### 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	\$25000	\$-25000

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3352354	\$8075162	\$-4722808
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	23
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

### Statement Six: Charity Statement

Hospital Charity Charges	\$40136302
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$13693410	
HCI Payments	\$0		
Subtotal	\$0	\$13693410	\$-13693410
Medicaid Shortfalls	\$46082028	\$54213036	
Subtotal	\$46082028	\$67906446	\$-21824418
DSH Payments	\$8,159,134		
Subtotal	\$54241162	\$67906446	\$-13665284
Medicare Shortfalls	\$92767933	\$121978415	
Other Government Programs	\$0	\$0	
Total	\$147009095	\$189884861	\$-42875766

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$15069614	\$-15069614
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0