



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. - NORTH

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: 15-0169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$509213732
Outpatient Patient Service Revenue	\$312400387
Total Gross Patient Service Revenue	\$821614119

2. Deductions From Revenue

Contractual Allowance	\$479949695
Other Deductions	\$0
Total Deductions	\$479949695

3. Total Operating Revenue

Net Patient Service Revenue	\$341664424
Other Operating Revenue	\$29862800
Total Operating Revenue	\$371527224

4. Operating Expenses

Salaries and Wages	\$95165472	Employee Benefits	\$22772682
Depreciation and Amortization	\$18160454	Interest Expense	\$8426354
Bad Debt	\$0	Other Expenses	\$159932390
Total Operating Expenses	\$304457352		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$67069873	Total Assets	\$0
Net Non-operating Gains over Loss	\$-9763444	Total Liabilities	\$0
Total Net Gains	\$57306429		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$264687690	\$191361108	\$73326582
Medicaid	\$107248548	\$90515407	\$16733141
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$449677881	\$198073180	\$251604701
Total	\$821614119	\$479949695	\$341664424

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$25000	\$-25000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$15000	\$-15000

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$23377591
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7900062	
HCI Payments	\$0		
Subtotal	\$0	\$7900062	\$-7900062
Medicaid Shortfalls	\$16733141	\$36242838	
Subtotal	\$16733141	\$44142900	\$-27409759
DSH Payments	\$0		
Subtotal	\$16733141	\$44142900	\$-27409759
Medicare Shortfalls	\$73326582	\$89446741	
Other Government Programs	\$0	\$0	
Total	\$90059723	\$133589641	\$-43529918

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5723236	\$-5723236
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$89435	\$0	\$89435
Other Allocations	\$0	\$0	\$0