



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

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

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

Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$118496651
Outpatient Patient Service Revenue	\$285829392
Total Gross Patient Service Revenue	\$404326043

2. Deductions From Revenue

Contractual Allowance	\$199410464
Other Deductions	\$6177553
Total Deductions	\$205588017

3. Total Operating Revenue

Net Patient Service Revenue	\$198738026
Other Operating Revenue	\$4231445
Total Operating Revenue	\$202969471

4. Operating Expenses

Salaries and Wages	\$75150334	Employee Benefits	\$22004820
Depreciation and Amortization	\$12724748	Interest Expense	\$5946238
Bad Debt	\$17052042	Other Expenses	\$60010157
Total Operating Expenses	\$192888339		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10081132	Total Assets	\$345914073
Net Non-operating Gains over Loss	\$409787	Total Liabilities	\$139434966
Total Net Gains	\$10490919		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$162252260	\$108034251	\$54218009
Medicaid	\$25711856	\$20377642	\$5334214
Other Government	\$2452719	\$1219666	\$1233053
Other State	\$0	\$0	\$0
Other Payers	\$213909208	\$75956458	\$137952750
Total	\$404326043	\$205588017	\$198738026

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	\$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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$615756	\$3051460	
HCI Payments	\$0		
Subtotal	\$615756	\$3051460	\$-2435704
Medicaid Shortfalls	\$4643388	\$11613686	
Subtotal	\$5259144	\$14665146	\$-9406002
DSH Payments	\$3,390,906		
Subtotal	\$8650050	\$14665146	\$-6015096
Medicare Shortfalls	\$35170997	\$59311168	
Other Government Programs	\$0	\$0	
Total	\$43821047	\$73976314	\$-30155267

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1421224	\$2267683	\$-846459
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$276001	\$-276001
Other Allocations	\$0	\$0	\$0