



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: KINDRED HOSPITAL NORTHWEST INDIANA

City of Hospital: Hammond

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

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

Medicare Provider Number: 152012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$77684657	Contractual Allowance	\$50658579
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$77684657	Total Deductions	\$50658579

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$27026078
Other Operating Revenue	\$0
Total Operating Revenue	\$27026078

4. Operating Expenses

Salaries and Wages	\$8164496	Employee Benefits	\$1299956
Depreciation and Amortization	\$397205	Interest Expense	\$0
Bad Debt	\$595451	Other Expenses	\$8234846
Total Operating Expenses	\$18691954		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7003707	Total Assets	\$8853731.78
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$13136579.0
Total Net Gains	\$7003707		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$64038890	\$43449965	\$20588925
Medicaid	\$243645	\$216054	\$27591
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13402122	\$6992560	\$6409562
Total	\$77684657	\$50658579	\$27026078

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	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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