



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

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

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

Medicare Provider Number: 100270300A

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$133816000
Outpatient Patient Service Revenue	\$196434000
Total Gross Patient Service Revenue	\$330250000

2. Deductions From Revenue

Contractual Allowance	\$180465000
Other Deductions	\$6825000
Total Deductions	\$187290000

3. Total Operating Revenue

Net Patient Service Revenue	\$142959000
Other Operating Revenue	\$7496000
Total Operating Revenue	\$150455000

4. Operating Expenses

Salaries and Wages	\$57764000	Employee Benefits	\$12097000
Depreciation and Amortization	\$9565000	Interest Expense	\$1975000
Bad Debt	\$12283000	Other Expenses	\$56635000
Total Operating Expenses	\$150319000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$138000	Total Assets	\$176210000
Net Non-operating Gains over Loss	\$2781000	Total Liabilities	\$61917000
Total Net Gains	\$2919000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$151915000	\$104821000	\$47094000
Medicaid	\$42933000	\$33917000	\$9016000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$135403000	\$41727000	\$93676000
Total	\$330251000	\$180465000	\$149786000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$118000	\$-118000

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	\$162000	\$-162000
Hospital Patients	\$0	\$36000	\$-36000
Community Education	\$0	\$110000	\$-110000

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	\$6825000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2870000	
HCI Payments	\$0		
Subtotal	\$0	\$2870000	\$-2870000
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,694,000		
Subtotal	\$2694000	\$0	\$2694000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2694000	\$0	\$2694000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$306000	\$558000	\$-252000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$154000	\$-154000
Other Allocations	\$0	\$0	\$0