



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$303845544
Outpatient Patient Service Revenue	\$273957968
Total Gross Patient Service Revenue	\$577803512

2. Deductions From Revenue

Contractual Allowance	\$352425881
Other Deductions	\$31251969
Total Deductions	\$383677850

3. Total Operating Revenue

Net Patient Service Revenue	\$194125662
Other Operating Revenue	\$5948590
Total Operating Revenue	\$200074252

4. Operating Expenses

Salaries and Wages	\$47159275	Employee Benefits	\$16227130
Depreciation and Amortization	\$10467220	Interest Expense	\$6139443
Bad Debt	\$9842533	Other Expenses	\$75793000
Total Operating Expenses	\$165628601		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$34445651	Total Assets	\$488803283
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$197066716
Total Net Gains	\$34445651		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$251507000	\$197184965	\$54322035
Medicaid	\$63889970	\$49962995	\$13926975
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$262406542	\$136529890	\$125876652
Total	\$577803512	\$383677850	\$194125662

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	\$291873	\$-291873

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$179762	\$598825	\$-419063
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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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	\$31251969
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7497347	
HCI Payments	\$0		
Subtotal	\$0	\$7497347	\$-7497347
Medicaid Shortfalls	\$13926975	\$22487039	
Subtotal	\$13926975	\$29984386	\$-16057411
DSH Payments	\$0		
Subtotal	\$13926975	\$29984386	\$-16057411
Medicare Shortfalls	\$54322035	\$60361680	
Other Government Programs	\$0	\$0	
Total	\$68249010	\$90346066	\$-22097056

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

Comments



