



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 OF INDIANA, INC. - NORTH

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: 15-0169, 15-T169 and 15-S169

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

Inpatient Patient Service Revenue	\$599414257
Outpatient Patient Service Revenue	\$367320532
Total Gross Patient Service Revenue	\$966734789

## 2. Deductions From Revenue

Contractual Allowance	\$556173472
Other Deductions	\$39639792
Total Deductions	\$595813264

## 3. Total Operating Revenue

Net Patient Service Revenue	\$370921525
Other Operating Revenue	\$43648930
Total Operating Revenue	\$414570455

## 4. Operating Expenses

Salaries and Wages	\$95555480	Employee Benefits	\$31760469
Depreciation and Amortization	\$19739121	Interest Expense	\$8125881
Bad Debt	\$11633294	Other Expenses	\$150283029
Total Operating Expenses	\$317097274		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$97473181	Total Assets	\$809969617
Net Non-operating Gains over Loss	\$45228701	Total Liabilities	\$329716324
Total Net Gains	\$142701882		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$332203154	\$252203940	\$79999214
Medicaid	\$128547033	\$89895071	\$38651962
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$505984602	\$253714253	\$252270349
Total	\$966734789	\$595813264	\$370921525

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	\$25767	\$667311	\$-641544

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$847100	\$5189697	\$-4342597
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
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Hospital Charity Charges	\$39639792
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11329054	
HCI Payments	\$0		
Subtotal	\$0	\$11329054	\$-11329054
Medicaid Shortfalls	\$38651962	\$56437922	
Subtotal	\$38651962	\$67766976	\$-29115014
DSH Payments	\$0		
Subtotal	\$38651962	\$67766976	\$-29115014
Medicare Shortfalls	\$79999214	\$95010102	
Other Government Programs	\$0	\$0	
Total	\$118651176	\$162777078	\$-44125902

Statement Seven: Subsidized Health Services for the Community
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	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



