



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: CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC

City of Hospital: Muncie

Year Begin: 09/01/2013 (mm/dd/yyyy format)

Year End: 08/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Morgan Piner

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Medicare Provider Number: 15-2025

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

Inpatient Patient Service Revenue	\$30888670
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$30888670

2. Deductions From Revenue

Contractual Allowance	\$16948455
Other Deductions	\$230757
Total Deductions	\$17179212

3. Total Operating Revenue

Net Patient Service Revenue	\$13709458
Other Operating Revenue	\$4707
Total Operating Revenue	\$13714165

4. Operating Expenses

Salaries and Wages	\$4603021	Employee Benefits	\$551173
Depreciation and Amortization	\$539033	Interest Expense	\$281642
Bad Debt	\$0	Other Expenses	\$5722997
Total Operating Expenses	\$11697866		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2016299	Total Assets	\$5485470
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$4392329
Total Net Gains	\$2016299		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25700941	\$13948956	\$11751985
Medicaid	\$8244	\$6051	\$2193
Other Government	\$1639095	\$950825	\$688270
Other State	\$123307	\$83433	\$39874
Other Payers	\$3417082	\$1959190	\$1457892
Total	\$30888669	\$16948455	\$13940214

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

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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	\$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
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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