



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: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Gary Simpson

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Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$117430121
Outpatient Patient Service Revenue	\$356611614
<b>Total Gross Patient Service Revenue</b>	<b>\$474041735</b>

2. Deductions From Revenue

Contractual Allowance	\$233964978
Other Deductions	\$8504625
<b>Total Deductions</b>	<b>\$242469603</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$231572132
Other Operating Revenue	\$6421514
<b>Total Operating Revenue</b>	<b>\$237993646</b>

4. Operating Expenses

Salaries and Wages	\$87128917	Employee Benefits	\$22356275
Depreciation and Amortization	\$13902262	Interest Expense	\$5350629
Bad Debt	\$19787191	Other Expenses	\$88208217
<b>Total Operating Expenses</b>	<b>\$236733491</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1260155	Total Assets	\$412979003
Net Non-operating Gains over Loss	\$7866454	Total Liabilities	\$138197591
Total Net Gains	\$9126609		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$201168705	\$151215683	\$49953022
Medicaid	\$29630394	\$11818976	\$17811418
Other Government	\$2522082	\$1289439	\$1232643
Other State	\$0	\$0	\$0
Other Payers	\$240720554	\$78145505	\$162575049
Total	\$474041735	\$242469603	\$231572132

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

Hospital Charity Charges	\$3517308
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$385103	\$1995993	
HCI Payments	\$0		
Subtotal	\$385103	\$1995993	\$-1610890
Medicaid Shortfalls	\$7396674	\$14539318	
Subtotal	\$7781777	\$16535311	\$-8753534
DSH Payments	\$2,927,705		
Subtotal	\$10709482	\$16535311	\$-5825829
Medicare Shortfalls	\$45003055	\$82192711	
Other Government Programs	\$0	\$0	
Total	\$55712537	\$98728022	\$-43015485

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$356773	\$1177701	\$-820928
Community Assessment	\$0	\$3055	\$-3055
Provision of Taxes	\$0	\$12148955	\$-12148955
Other Allocations	\$0	\$1923394	\$-1923394

Comments