



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: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

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

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

Person Completing the Report: Megan Temples

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Medicare Provider Number: 15-0059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$135034815
Outpatient Patient Service Revenue	\$227815807
Total Gross Patient Service Revenue	\$362850622

2. Deductions From Revenue

Contractual Allowance	\$195638738
Other Deductions	\$152672
Total Deductions	\$195791410

3. Total Operating Revenue

Net Patient Service Revenue	\$167059213
Other Operating Revenue	\$9821639
Total Operating Revenue	\$176880852

4. Operating Expenses

Salaries and Wages	\$64715554	Employee Benefits	\$13149289
Depreciation and Amortization	\$11203918	Interest Expense	\$1882421
Bad Debt	\$11794243	Other Expenses	\$73702004
Total Operating Expenses	\$176447429		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$433423	Total Assets	\$298098801
Net Non-operating Gains over Loss	\$5226923	Total Liabilities	\$106083980
Total Net Gains	\$5660346		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$152397262	\$82168270	\$70228992
Medicaid	\$83455643	\$44996910	\$38458733
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$126997718	\$68473558	\$58524160
Total	\$362850623	\$195638738	\$167211885

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$423881	\$83484	\$340397

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	\$134468	\$-134468
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	196
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$6410851
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2964000	
HCI Payments	\$0		
Subtotal	\$0	\$2964000	\$-2964000
Medicaid Shortfalls	\$9939721	\$18124409	
Subtotal	\$9939721	\$21088409	\$-11148688
DSH Payments	\$3,817,714		
Subtotal	\$13757435	\$21088409	\$-7330974
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$13757435	\$21088409	\$-7330974

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$417055	\$476346	\$-59291
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$333476	\$-333476
Other Allocations	\$0	\$0	\$0

Comments