



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: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0169, 15-S169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$714525954
Outpatient Patient Service Revenue	\$495732205
Total Gross Patient Service Revenue	\$1210258159

2. Deductions From Revenue

Contractual Allowance	\$768572360
Other Deductions	\$6400280
Total Deductions	\$774972640

3. Total Operating Revenue

Net Patient Service Revenue	\$435285519
Other Operating Revenue	\$6981473
Total Operating Revenue	\$442266992

4. Operating Expenses

Salaries and Wages	\$83784055	Employee Benefits	\$21856942
Depreciation and Amortization	\$15186665	Interest Expense	\$8254331
Bad Debt	\$25258808	Other Expenses	\$164348302
Total Operating Expenses	\$318689103		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$123577889	Total Assets	\$832038138
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$20234679

Total Net Gains	\$123577889
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$419357405	\$332648530	\$86708875
Medicaid	\$211360639	\$168136787	\$43223852
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$579540115	\$274187323	\$305352792
Total	\$1210258159	\$774972640	\$435285519

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

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	\$6400280
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1517037	
HCI Payments	\$0		
Subtotal	\$0	\$1517037	\$-1517037
Medicaid Shortfalls	\$43289021	\$66178471	
Subtotal	\$43289021	\$67695508	\$-24406487
DSH Payments	\$0		
Subtotal	\$43289021	\$67695508	\$-24406487
Medicare Shortfalls	\$87938492	\$99387705	
Other Government Programs	\$0	\$0	
Total	\$131227513	\$167083213	\$-35855700

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

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