



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: KINDRED HOSPITAL NORTHWEST INDIANA

City of Hospital: HAMMOND

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

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

Person Completing the Report: Christy Henrich

Email Address: christy.henrich@kindred.com

Medicare Provider Number: 152012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$78364745
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$78364745

2. Deductions From Revenue

Contractual Allowance	\$53641324
Other Deductions	\$0
Total Deductions	\$53641324

3. Total Operating Revenue

Net Patient Service Revenue	\$24723421
Other Operating Revenue	\$13407
Total Operating Revenue	\$24736828

4. Operating Expenses

Salaries and Wages	\$8568441	Employee Benefits	\$1036262
Depreciation and Amortization	\$212513	Interest Expense	\$27
Bad Debt	\$0	Other Expenses	\$0
Total Operating Expenses	\$9817243		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5673850	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0
Total Net Gains	\$5673850		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$61932619	\$43566373	\$18366246
Medicaid	\$-15183	\$15636	\$-30819
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$16447309	\$10059314	\$6387995
Total	\$78364745	\$53641323	\$24723422

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	\$0
--------------------------	-----

	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

	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