



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* HOWARD REGIONAL HEALTH SYSTEM, WEST CAMPUS SPECIALTY HOSPITAL

*City of Hospital:* KOKOMO

*Year Begin:* 01012008

*Year End:* 12312008

*Medicare Provider Number:* 153039

### Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$12099675	Contractual Allowance	\$8377777
Outpatient Patient Service Revenue	\$10615413	Other Deductions	\$203700
<b>Total Gross Patient Service Revenue</b>	<b>\$22715088</b>	<b>Total Deductions</b>	<b>\$8581477</b>

3. Total Operating Revenue	
Net Patient Service Revenue	\$14133611
Other Operating Revenue	\$924454
<b>Total Operating Revenue</b>	<b>\$15058065</b>

4. Operating Expenses			
Salaries and Wages	\$7420385	Employee Benefits	\$1853498
Depreciation and Amortization	\$212493	Interest Expense	\$0
Bad Debt	\$301375	Other Expenses	\$4152737
<b>Total Operating Expenses</b>	<b>\$13940488</b>		

5. Net Revenue and Expenses			
Excess Revenue over Expenses	\$1117577	Total Assets	\$4275353
Net Non-operating Gains over Loss	\$-4215	Total Liabilities	\$1263389
<b>Total Net Gains</b>	<b>\$1113362</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	\$14630897	\$5480952	\$9149945
Medicaid	\$581773	\$528636	\$53137
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$7502418	\$2571889	\$4930529
Total	\$22715088	\$8581477	\$14133611

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3206	\$-3206

**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	\$20460	\$-20460
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	220
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

**Statement Six: Charity Statement**

Hospital Charity Charges	\$88867
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	Payments from	Less Costs to	Unreimbursed
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	Clients	Hospital	Costs to Hospital
Charity Care	\$0	\$54539	
HCI Payments	\$0		
Subtotal	\$0	\$54539	\$-54539
Medicaid Shortfalls	\$53137	\$357040	
Subtotal	\$53137	\$411579	\$-358442
DSH Payments	\$0		
Subtotal	\$53137	\$411579	\$-358442
Medicare Shortfalls	\$9149945	\$8979135	
Other Government Programs	\$0	\$0	
Total	\$9203082	\$9390714	\$-187632

**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	\$61206	\$-61206
Other Allocations	\$0	\$0	\$0