



## Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)  
 Indiana State Department of Health  
 Indiana Code 16-21-9

### I. Identification of Nonprofit Hospital

*Hospital Name:* REID HOSPITAL & HEALTH CARE SERVICES, INC.

*City of Hospital:* Richmond, IN

*Name of Charity Benefit Rep:* Barbara Wood

*Telephone Number:* (659) 833-295\_ x\_\_\_\_

*Year of Statement:* 2008

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"?  Yes  No

### II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	05/28/2009	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care		<input type="radio"/> Yes <input type="radio"/> No
Hospital Mission Statement		<input type="radio"/> Yes <input type="radio"/> No
List of Communities Served		<input type="radio"/> Yes <input type="radio"/> No
Needs Assessment		<input type="radio"/> Yes <input type="radio"/> No
Copy of Charity Care Policy		<input type="radio"/> Yes <input type="radio"/> No
Statement of Public Notice		<input type="radio"/> Yes <input type="radio"/> No

### III. Identification of New Objectives (optional)



### IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2006	2007	2008
Person Served in twelve-month period	3829	4479	5107
Charity Care Allocation	3112178	3389419	4622476

### V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Community Benefit Grants	\$122,010
2.) Police/Fire/EMS Support	\$115,767
3.) Community Health Education	\$22,717
4.) Community Benefit Mammograms	\$11,046
5.) Community Benefit Operations	\$30,944

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes  No

If applicable, address of hospital web site that contains information on community benefits.

### VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

