



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$96809436
Outpatient Patient Service Revenue	\$257488197
Total Gross Patient Service Revenue	\$354297633

2. Deductions From Revenue

Contractual Allowance	\$166786729
Other Deductions	\$5454471
Total Deductions	\$172241200

3. Total Operating Revenue

Net Patient Service Revenue	\$182056433
Other Operating Revenue	\$4269066
Total Operating Revenue	\$186325499

4. Operating Expenses

Salaries and Wages	\$73876917	Employee Benefits	\$19798193
Depreciation and Amortization	\$12338013	Interest Expense	\$4294988
Bad Debt	\$16072736	Other Expenses	\$56582153
Total Operating Expenses	\$182963000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3362499	Total Assets	\$338102869
Net Non-operating Gains over Loss	\$4082566	Total Liabilities	\$142158962
Total Net Gains	\$7445065		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$134204671	\$97237509	\$36967162
Medicaid	\$21774081	\$16713247	\$5060834
Other Government	\$2157162	\$824048	\$1333114
Other State	\$0	\$0	\$0
Other Payers	\$196161719	\$57466396	\$138695323
Total	\$354297633	\$172241200	\$182056433

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
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$557379	\$2093766	
HCI Payments	\$0		
Subtotal	\$557379	\$2093766	\$-1536387
Medicaid Shortfalls	\$3487788	\$8690680	
Subtotal	\$4045167	\$10784446	\$-6739279
DSH Payments	\$3,644,579		
Subtotal	\$7689746	\$10784446	\$-3094700
Medicare Shortfalls	\$32510147	\$45541106	
Other Government Programs	\$0	\$0	
Total	\$40199893	\$56325552	\$-16125659

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1242254	\$1972702	\$-730448
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$169455	\$-169455
Other Allocations	\$0	\$0	\$0