



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: CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC

City of Hospital: Muncie

Year Begin: 09/01/2012 (mm/dd/yyyy format)

Year End: 08/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Morgan Piner

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Medicare Provider Number: 15-2025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28834016
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$28834016

2. Deductions From Revenue

Contractual Allowance	\$17012687
Other Deductions	\$111675
Total Deductions	\$17124362

3. Total Operating Revenue

Net Patient Service Revenue	\$11709654
Other Operating Revenue	\$8142
Total Operating Revenue	\$11717796

4. Operating Expenses

Salaries and Wages	\$3705270	Employee Benefits	\$444179
Depreciation and Amortization	\$283335	Interest Expense	\$218095
Bad Debt	\$0	Other Expenses	\$5579111
Total Operating Expenses	\$10229990		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1487806	Total Assets	\$4323010
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$3094345
Total Net Gains	\$1487806		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24130540	\$14483306	\$9647234
Medicaid	\$0	\$0	\$0
Other Government	\$2305426	\$1172373	\$1133053
Other State	\$0	\$0	\$0
Other Payers	\$2398050	\$1357008	\$1041042
Total	\$28834016	\$17012687	\$11821329

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

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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	\$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