



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: COMMUNITY HOSPITAL OF INDIANA, INC. - EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$353306048
Outpatient Patient Service Revenue	\$662091584
Total Gross Patient Service Revenue	\$1015397632

2. Deductions From Revenue

Contractual Allowance	\$573683342
Other Deductions	\$62343840
Total Deductions	\$636027182

3. Total Operating Revenue

Net Patient Service Revenue	\$379370450
Other Operating Revenue	\$38482177
Total Operating Revenue	\$417852627

4. Operating Expenses

Salaries and Wages	\$160005519	Employee Benefits	\$40747536
Depreciation and Amortization	\$16165453	Interest Expense	\$3702547
Bad Debt	\$17475525	Other Expenses	\$148928279
Total Operating Expenses	\$387024859		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$30827768	Total Assets	\$797424179
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$346313361
Total Net Gains	\$30827768		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$438353257	\$331515852	\$106837405
Medicaid	\$225888882	\$129354325	\$96534557
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$351155493	\$175157005	\$175998488
Total	\$1015397632	\$636027182	\$379370450

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	\$27064	\$700901	\$-673837

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$889740	\$5450932	\$-4561192
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	\$62343840
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$18329149	
HCI Payments	\$0		
Subtotal	\$0	\$18329149	\$-18329149
Medicaid Shortfalls	\$83152246	\$80599904	
Subtotal	\$83152246	\$98929053	\$-15776807
DSH Payments	\$13,792,199		
Subtotal	\$96944445	\$98929053	\$-1984608
Medicare Shortfalls	\$110474343	\$136307971	
Other Government Programs	\$0	\$0	
Total	\$207418788	\$235237024	\$-27818236

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



