



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

## I. Identification of Organization

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

City of Hospital: Kokomo

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

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

Person Completing the Report: Julie Pena

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Medicare Provider Number: 15-3039

## Statement One: Summary of Revenue and Expenses

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14184992
Outpatient Patient Service Revenue	\$14895359
<b>Total Gross Patient Service Revenue</b>	<b>\$29080351</b>

## 2. Deductions From Revenue

Contractual Allowance	\$16084245
Other Deductions	\$459492
<b>Total Deductions</b>	<b>\$16543737</b>

## 3. Total Operating Revenue

Net Patient Service Revenue	\$12536614
Other Operating Revenue	\$343125
<b>Total Operating Revenue</b>	<b>\$12879739</b>

## 4. Operating Expenses

Salaries and Wages	\$7206940	Employee Benefits	\$1804530
Depreciation and Amortization	\$242513	Interest Expense	\$0
Bad Debt	-\$68166	Other Expenses	\$3590898
<b>Total Operating Expenses</b>	<b>\$12776715</b>		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$103024	Total Assets	\$4752577
Net Non-operating Gains over Loss	\$1852	Total Liabilities	\$1627519
Total Net Gains	\$104876		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$17823282	\$10922185	\$6901097
Medicaid	\$1785033	\$1357562	\$427471
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$9470489	\$3804498	\$5665991
Total	\$29078804	\$16084245	\$12994559

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$34484	\$0	\$34484

## 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	\$20353	\$-20353
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	160
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement
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Hospital Charity Charges	\$245355
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$107799	
HCI Payments	\$0		
Subtotal	\$0	\$107799	\$-107799
Medicaid Shortfalls	\$427471	\$784270	
Subtotal	\$427471	\$892069	\$-464598
DSH Payments	\$0		
Subtotal	\$427471	\$892069	\$-464598
Medicare Shortfalls	\$6901096	\$7830820	
Other Government Programs	\$0	\$0	
Total	\$7328567	\$8722889	\$-1394322

Statement Seven: Subsidized Health Services for the Community
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	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	\$46538	\$-46538
Other Allocations	\$0	\$0	\$0

Comments



