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: HENDRICKS REGIONAL HEALTH
City of Hospital: Danville
Year Begin: 01/01/2013 (mm/dd/yyyy format)
Year End: 12/31/2013 (mm/dd/yyyy format)
Person Completing the Report: Gary Simpson
Email Address: mrevert@hendricks.org
Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$112535146
Outpatient Patient Service Revenue	$338391345
Total Gross Patient Service Revenue	$450926491

2. Deductions From Revenue

Contractual Allowance	$221370246
Other Deductions	$5017553
Total Deductions	$226387799

3. Total Operating Revenue

Net Patient Service Revenue	$224538692
Other Operating Revenue	$8843121
Total Operating Revenue	$233381813

4. Operating Expenses

Salaries and Wages	$85963845	Employee Benefits	$23164051
Depreciation and Amortization	$13160770	Interest Expense	$5572129
Bad Debt	$20781728	Other Expenses	$73851213
Total Operating Expenses	$222493736		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$10888077	Total Assets	$384920528
Net Non-operating Gains over Loss	$5724689	Total Liabilities	$139014970
Total Net Gains	$16612766		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$185496914	$137270571	$48226343
Medicaid	$28845925	$15124236	$13721689
Other Government	$3110578	$1590313	$1520265
Other State	$0	$0	$0
Other Payers	$233473074	$72402679	$161070395
Total	$450926491	$226387799	$224538692

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	$2378085

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$878194	$1941198	
HCI Payments	$0		
Subtotal	$878194	$1941198	$-1063004
Medicaid Shortfalls	$7854963	$12662582	
Subtotal	$8733157	$14603780	$-5870623
DSH Payments	$7,385,278		
Subtotal	$16118435	$14603780	$1514655
Medicare Shortfalls	$41391635	$81548820	
Other Government Programs	$0	$0	
Total	$57510070	$96152600	$-38642530

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	$379608	$1168156	$-788548
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$4411031	$-4411031
Other Allocations	$0	$0	$0

Comments