



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 SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$325414145
Outpatient Patient Service Revenue	\$318533360
<b>Total Gross Patient Service Revenue</b>	<b>\$643947505</b>

2. Deductions From Revenue

Contractual Allowance	\$402717575
Other Deductions	\$5698549
<b>Total Deductions</b>	<b>\$408416124</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$235531381
Other Operating Revenue	\$6123766
<b>Total Operating Revenue</b>	<b>\$241655147</b>

4. Operating Expenses

Salaries and Wages	\$45791451	Employee Benefits	\$14512781
Depreciation and Amortization	\$11210652	Interest Expense	\$6403563
Bad Debt	\$28676274	Other Expenses	\$79433683
<b>Total Operating Expenses</b>	<b>\$186028404</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$55626743	Total Assets	\$506211705
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$202972327
Total Net Gains	\$55626743		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$267931942	\$212575209	\$55356733
Medicaid	\$70419236	\$55639502	\$14779734
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$305596327	\$140201412	\$165394915
Total	\$643947505	\$408416123	\$235531382

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	\$247306	\$-247306

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$108202	\$483527	\$-375325
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
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Hospital Charity Charges	\$5698549
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1236585	
HCI Payments	\$0		
Subtotal	\$0	\$1236585	\$-1236585
Medicaid Shortfalls	\$14779734	\$23000367	
Subtotal	\$14779734	\$24236952	\$-9457218
DSH Payments	\$0		
Subtotal	\$14779734	\$24236952	\$-9457218
Medicare Shortfalls	\$55356733	\$58141231	
Other Government Programs	\$0	\$0	
Total	\$70136467	\$82378183	\$-12241716

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	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments