



Hospital Fiscal Report
State Form 49520 (R3/7-23)
Indiana Department of Health
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL - GREENWOOD

City of Hospital: Greenwood

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

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Medicare Provider Number: 014365

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$57863385
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$57863385

2. Deductions From Revenue

Contractual Allowance	\$24563844
Other Deductions	\$0
Total Deductions	\$24563844

3. Total Operating Revenue

Net Patient Service Revenue	\$33299541
Other Operating Revenue	\$28626
Total Operating Revenue	\$33328167

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$22836569	861
Medicaid	\$2547315	137
Commercial Insurance	\$4368968	162
Self-pay	\$43655	2
Any Other Category of Payer	\$224318	8
Total	\$30020825	1170

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$22836569	861
Medicaid	\$2547315	137
Commercial Insurance	\$4368968	162
Self-pay	\$43654	2
Any Other Category of Payer	\$224318	8
Total	\$30020824	1170

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$22836569	861
Medicaid	\$2547315	137
Commercial Insurance	\$4368968	162
Self-pay	\$43654	2
Any Other Category of Payer	\$224318	8
Total	\$30020824	1170

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

13. Operating Expenses

Salaries and Wages	\$12623544	Employee Benefits	\$1394102
Depreciation and Amortization	\$281937	Interest Expense	\$0
Bad Debt	\$-668367	Other Expenses	\$19120256
Total Operating Expenses	\$32751472		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$10530421	Total Assets	\$18776367
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$13851989
Total Net Gains	\$10530421		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$193421	
HCI Payments	\$0		
Subtotal	\$0	\$193421	\$-193421
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