



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: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (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	\$490692595
Outpatient Patient Service Revenue	\$579023176
Total Gross Patient Service Revenue	\$1069715771

2. Deductions From Revenue

Contractual Allowance	\$741930235
Other Deductions	\$3817978
Total Deductions	\$745748213

3. Total Operating Revenue

Net Patient Service Revenue	\$323967558
Other Operating Revenue	\$12282712
Total Operating Revenue	\$336250270

4. Operating Expenses

Salaries and Wages	\$77213741	Employee Benefits	\$17303108
Depreciation and Amortization	\$9292648	Interest Expense	\$5135022
Bad Debt	\$13355134	Other Expenses	\$128463246
Total Operating Expenses	\$250762899		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$85487371	Total Assets	\$779192098
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$25012292

Total Net Gains	\$85487371
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$480215469	\$388596992	\$91618477
Medicaid	\$216295465	\$166001575	\$50293890
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$373204837	\$191149646	\$182055191
Total	\$1069715771	\$745748213	\$323967558

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	\$408276	\$2755899	\$-2347623
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	\$3817978
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$752142	
HCI Payments	\$0		
Subtotal	\$0	\$752142	\$-752142
Medicaid Shortfalls	\$50293890	\$58819712	
Subtotal	\$50293890	\$59571854	\$-9277964
DSH Payments	\$0		
Subtotal	\$50293890	\$59571854	\$-9277964
Medicare Shortfalls	\$91618477	\$94602447	
Other Government Programs	\$0	\$0	
Total	\$141912367	\$154174301	\$-12261934

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