



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: KINDRED HOSPITAL (INDIANAPOLIS SOUTH)

City of Hospital: Greenwood

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-2008

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$74636810	Contractual Allowance	\$50923654
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$74636810	Total Deductions	\$50923654

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$23713156
Other Operating Revenue	\$36407
Total Operating Revenue	\$23749563

4. Operating Expenses

Salaries and Wages	\$8331597	Employee Benefits	\$1278847
Depreciation and Amortization	\$403942	Interest Expense	\$0
Bad Debt	\$37988	Other Expenses	\$12280222
Total Operating Expenses	\$22332596		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1416967	Total Assets	\$5254232
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1316426
Total Net Gains	\$1416967		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$58425919	\$40957834	\$17468085
Medicaid	\$562380	\$468816	\$93564
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15648511	\$9497004	\$6151507
Total	\$74636810	\$50923654	\$23713156

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
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