



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HOWARD REGIONAL HEALTH SYSTEM, WEST CAMPUS SPECIALTY HOSPITAL

City of Hospital: KOKOMO

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 153039

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13132142
Outpatient Patient Service Revenue	\$12188259
Total Gross Patient Service Revenue	\$25320401

2. Deductions From Revenue

Contractual Allowance	\$10972393
Other Deductions	\$414277
Total Deductions	\$11386670

3. Total Operating Revenue

Net Patient Service Revenue	\$13933731
Other Operating Revenue	\$764944
Total Operating Revenue	\$14698675

4. Operating Expenses

Salaries and Wages	\$7117795	Employee Benefits	\$1779449
Depreciation and Amortization	\$252527	Interest Expense	\$0
Bad Debt	\$181234	Other Expenses	\$4023442
Total Operating Expenses	\$13354447		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1344228	Total Assets	\$4363374
Net Non-operating Gains over Loss	\$8392	Total Liabilities	\$1104111
Total Net Gains	\$1352620		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$15963478	\$7104271	\$8859207
Medicaid	\$1249188	\$1091457	\$157731
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$8107735	\$2776665	\$5331070
Total	\$25320401	\$10972393	\$14348008

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	\$11660	\$-11660
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	204
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$288789
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$152313	
HCI Payments	\$0		
Subtotal	\$0	\$152313	\$-152313
Medicaid Shortfalls	\$157731	\$658845	
Subtotal	\$157731	\$811158	\$-653427
DSH Payments	\$0		
Subtotal	\$157731	\$811158	\$-653427
Medicare Shortfalls	\$8859207	\$8419433	
Other Government Programs	\$0	\$0	
Total	\$9016938	\$9230591	\$-213653

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	\$92808	\$-92808
Other Allocations	\$0	\$0	\$0