



## 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:* 01/01/2011 (mm/dd/yyyy format)

*Year End:* 12/31/2011 (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	\$73478812	Contractual Allowance	\$49317027
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$73478812	Total Deductions	\$49317027

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$24161785
Other Operating Revenue	\$53300
Total Operating Revenue	\$24215085

#### 4. Operating Expenses

Salaries and Wages	\$8240689	Employee Benefits	\$1297117
Depreciation and Amortization	\$311546	Interest Expense	\$0
Bad Debt	\$113904	Other Expenses	\$11786571
Total Operating Expenses	\$21749827		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2465258	Total Assets	\$4864683
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1485234
Total Net Gains	\$2465258		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$51090387	\$35446893	\$15643494
Medicaid	\$210757	\$157841	\$52916
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22177668	\$13712293	\$8465375
Total	\$73478812	\$49317027	\$24161785

**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