



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: VIBRA HOSPITAL OF NORTHERN INDIANA

City of Hospital: Crown Point

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

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

Medicare Provider Number: 15-2028

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$35818623	Contractual Allowance	\$20227536
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$35818623	Total Deductions	\$20227536

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$15591087
Other Operating Revenue	\$3303
Total Operating Revenue	\$15594390

#### 4. Operating Expenses

Salaries and Wages	\$5530559	Employee Benefits	\$977688
Depreciation and Amortization	\$40845	Interest Expense	\$128928
Bad Debt	\$237429	Other Expenses	\$7610489
Total Operating Expenses	\$14525938		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1068441	Total Assets	\$11634545
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$2392356
Total Net Gains	\$1068441		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$30594746	\$17434527	\$13160219
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$5223877	\$2793009	\$2430868
Total	\$35818623	\$20227536	\$15591087

**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	\$318929	\$-318929
Other Allocations	\$0	\$0	\$0