



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: VIBRA HOSPITAL OF NORTHERN INDIANA

City of Hospital: Crown Point

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Doug Morris

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Medicare Provider Number: 15-2028

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$50235543
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$50235543</b>

## 2. Deductions From Revenue

Contractual Allowance	\$30933807
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$30933807</b>

## 3. Total Operating Revenue

Net Patient Service Revenue	\$19301736
Other Operating Revenue	\$21272
<b>Total Operating Revenue</b>	<b>\$19323008</b>

## 4. Operating Expenses

Salaries and Wages	\$7151567	Employee Benefits	\$1512983
Depreciation and Amortization	\$48395	Interest Expense	\$24141
Bad Debt	\$293377	Other Expenses	\$8145604
<b>Total Operating Expenses</b>	<b>\$17176067</b>		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2146941	Total Assets	\$12441847
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1815223
Total Net Gains	\$2146941		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39272589	\$24511892	\$14760697
Medicaid	\$0	\$15526	\$-15526
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$10962954	\$6406389	\$4556565
Total	\$50235543	\$30933807	\$19301736

## 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

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

Statement Six: Charity Statement
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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
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	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	\$208351	\$-208351
Other Allocations	\$0	\$0	\$0

Comments



