



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: COMMUNITY HOSPITAL OF INDIANA, INC. - NORTH

City of Hospital: Indianapolis

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0169, 15-T169, and 15-S169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$657810729
Outpatient Patient Service Revenue	\$423839788
Total Gross Patient Service Revenue	\$1081650517

2. Deductions From Revenue

Contractual Allowance	\$669112988
Other Deductions	\$4180050
Total Deductions	\$673293038

3. Total Operating Revenue

Net Patient Service Revenue	\$408357479
Other Operating Revenue	\$37750190
Total Operating Revenue	\$446107669

4. Operating Expenses

Salaries and Wages	\$89450554	Employee Benefits	\$26993327
Depreciation and Amortization	\$19523533	Interest Expense	\$8426550
Bad Debt	\$32431214	Other Expenses	\$150053162
Total Operating Expenses	\$326878340		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$119229329	Total Assets	\$838865748
Net Non-operating Gains over Loss	\$21644242	Total Liabilities	\$340936366
Total Net Gains	\$140873571		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$375192295	\$291083032	\$84109263
Medicaid	\$147161815	\$114111601	\$33050214
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$559296407	\$268098405	\$291198002
Total	\$1081650517	\$673293038	\$408357479

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	\$4180050
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1049193	
HCI Payments	\$0		
Subtotal	\$0	\$1049193	\$-1049193
Medicaid Shortfalls	\$33050214	\$53384911	
Subtotal	\$33050214	\$54434104	\$-21383890
DSH Payments	\$0		
Subtotal	\$33050214	\$54434104	\$-21383890
Medicare Shortfalls	\$84109263	\$94173266	
Other Government Programs	\$0	\$0	
Total	\$117159477	\$148607370	\$-31447893

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

Comments