



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. - EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$630841731
Outpatient Patient Service Revenue	\$1256832344
Total Gross Patient Service Revenue	\$1887674075

2. Deductions From Revenue

Contractual Allowance	\$1222036348
Other Deductions	\$11610078
Total Deductions	\$1233646426

3. Total Operating Revenue

Net Patient Service Revenue	\$654027649
Other Operating Revenue	\$27473055
Total Operating Revenue	\$681500704

4. Operating Expenses

Salaries and Wages	\$165763101	Employee Benefits	\$51823150
Depreciation and Amortization	\$22384633	Interest Expense	\$10499090
Bad Debt	\$47232108	Other Expenses	\$263303377
Total Operating Expenses	\$561005459		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$120495245	Total Assets	\$367619310
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$14869066

Total Net Gains	\$120495245
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$916429618	\$727284821	\$189144797
Medicaid	\$265104033	\$162487095	\$102616938
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$706140425	\$343874510	\$362265915
Total	\$1887674076	\$1233646426	\$654027650

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	\$245897	\$2097518	\$-1851621

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$5226934	\$20513533	\$-15286599
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	\$11610078
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2868647	
HCI Payments	\$0		
Subtotal	\$0	\$2868647	\$-2868647
Medicaid Shortfalls	\$99437810	\$101436198	
Subtotal	\$99437810	\$104304845	\$-4867035
DSH Payments	\$12,028,681		
Subtotal	\$111466491	\$104304845	\$7161646
Medicare Shortfalls	\$179433638	\$205123388	
Other Government Programs	\$0	\$0	
Total	\$290900129	\$309428233	\$-18528104

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	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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