



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: KINDRED HOSPITAL (INDIANAPOLIS SOUTH)

City of Hospital: Greenwood

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Jeanne Lilly

Email Address: Jeanne.Lilly@kindred.com

Medicare Provider Number: 15-2008

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$63766870
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$63766870

2. Deductions From Revenue

Contractual Allowance	\$45210593
Other Deductions	\$0
Total Deductions	\$45210593

3. Total Operating Revenue

Net Patient Service Revenue	\$18961767
Other Operating Revenue	\$31544
Total Operating Revenue	\$18993311

4. Operating Expenses

Salaries and Wages	\$7373790	Employee Benefits	\$1120828
Depreciation and Amortization	\$202808	Interest Expense	\$0
Bad Debt	\$87608	Other Expenses	\$10937961
Total Operating Expenses	\$19722995		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-729683	Total Assets	\$5557360.64
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1185100.11

Total Net Gains	\$-729683
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40008014	\$28758906	\$11249108
Medicaid	\$1537705	\$1448615	\$89090
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22221151	\$15003072	\$7218079
Total	\$63766870	\$45210593	\$18556277

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

Comments

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