



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: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

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

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

Person Completing the Report: Megan Temples

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Medicare Provider Number: 15-0059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$138883643
Outpatient Patient Service Revenue	\$283122525
Total Gross Patient Service Revenue	\$422006168

2. Deductions From Revenue

Contractual Allowance	\$235609515
Other Deductions	\$0
Total Deductions	\$235609515

3. Total Operating Revenue

Net Patient Service Revenue	\$179155090
Other Operating Revenue	\$12601955
Total Operating Revenue	\$191757045

4. Operating Expenses

Salaries and Wages	\$69690656	Employee Benefits	\$15477482
Depreciation and Amortization	\$12603481	Interest Expense	\$1395600
Bad Debt	\$10190383	Other Expenses	\$86048427
Total Operating Expenses	\$195406029		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3648985	Total Assets	\$346683785
Net Non-operating Gains over Loss	\$5581682	Total Liabilities	\$118004633

Total Net Gains	\$1932697
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$181462652	\$101312091	\$80150561
Medicaid	\$97061419	\$54190188	\$42871231
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$143482097	\$80107235	\$63374862
Total	\$422006168	\$235609514	\$186396654

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$311402	\$37609	\$273793

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	\$60615	\$-60615
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	55
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	\$2928000	
HCI Payments	\$0		
Subtotal	\$0	\$2928000	\$-2928000
Medicaid Shortfalls	\$8613788	\$22982130	
Subtotal	\$8613788	\$25910130	\$-17296342
DSH Payments	\$2,600,000		
Subtotal	\$11213788	\$25910130	\$-14696342
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$11213788	\$25910130	\$-14696342

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$485	\$15383	\$-14898
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$307306	\$-307306
Other Allocations	\$0	\$0	\$0

Comments

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