



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 NORTHWEST INDIANA

City of Hospital: Hammond

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Christy Henrich

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Medicare Provider Number: 15-2012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67688343
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$67688343

2. Deductions From Revenue

Contractual Allowance	\$50045502
Other Deductions	\$0
Total Deductions	\$50045502

3. Total Operating Revenue

Net Patient Service Revenue	\$17050524
Other Operating Revenue	\$10664
Total Operating Revenue	\$17061188

4. Operating Expenses

Salaries and Wages	\$6839635	Employee Benefits	\$1090792
Depreciation and Amortization	\$92582	Interest Expense	\$-55
Bad Debt	\$0	Other Expenses	\$9812660
Total Operating Expenses	\$17835614		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-764681	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0

Total Net Gains	\$-764681
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$41711080	\$31706306	\$10004774
Medicaid	\$1138001	\$1113125	\$24876
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24839261	\$17807723	\$7031538
Total	\$67688342	\$50627154	\$17061188

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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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