



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: KINDRED HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-2007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$54555179	Contractual Allowance	\$35732800
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$54555179	Total Deductions	\$35732800

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$18822381
Other Operating Revenue	\$75307
Total Operating Revenue	\$18897688

4. Operating Expenses

Salaries and Wages	\$7173828	Employee Benefits	\$1086072
Depreciation and Amortization	\$712989	Interest Expense	\$0
Bad Debt	\$-148089	Other Expenses	\$9261278
Total Operating Expenses	\$18086078		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$811610	Total Assets	\$4129116
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1188331
Total Net Gains	\$811610		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$39070761	\$26482412	\$12588349
Medicaid	\$1891201	\$1636597	\$254604
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13593217	\$7613791	\$5979426
Total	\$54555179	\$35732800	\$18822379

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