



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: PAM HEALTH REHABILITATION HOSPITAL OF GREATER INDI

City of Hospital: Clarksville

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: David Muller

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Medicare Provider Number: 15-3046

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$42907230
Outpatient Patient Service Revenue	\$128321
Total Gross Patient Service Revenue	\$43035551

2. Deductions From Revenue

Contractual Allowance	\$18761170
Other Deductions	\$0
Total Deductions	\$18761170

3. Total Operating Revenue

Net Patient Service Revenue	\$24274381
Other Operating Revenue	\$38690
Total Operating Revenue	\$24313071

4. Operating Expenses

Salaries and Wages	\$9065114	Employee Benefits	\$781956
Depreciation and Amortization	\$32352	Interest Expense	\$17901
Bad Debt	\$0	Other Expenses	\$10653892
Total Operating Expenses	\$20551215		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3761856	Total Assets	\$51696575
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$47214211
Total Net Gains	\$3761856		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34432385	\$12973121	\$21459264
Medicaid	\$273737	\$184579	\$89158
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$8329429	\$5603470	\$2725959
Total	\$43035551	\$18761170	\$24274381

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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