



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REGENCY HOSPITAL

City of Hospital: Portage, East Chicago

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

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

Person Completing the Report: Elizabeth Loyack

Email Address: eloyack@selectmedical.com

Medicare Provider Number: 15204

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$227619724
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$227619724

2. Deductions From Revenue

Contractual Allowance	\$200154673
Other Deductions	\$193117
Total Deductions	\$200347790

3. Total Operating Revenue

Net Patient Service Revenue	\$27271934
Other Operating Revenue	\$45665
Total Operating Revenue	\$27317599

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$14037573	\$472
Medicaid	\$2620381	\$119
Commercial Insurance	\$6087540	\$314
Self-pay	\$0	\$0
Any Other Category of Payer	\$4526440	\$122
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$14037573	\$472
Medicaid	\$2620381	\$119
Commercial Insurance	\$6087540	\$314
Self-pay	\$0	\$0
Any Other Category of Payer	\$4526440	\$122
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$14215161	Employee Benefits	\$2053238
Depreciation and Amortization	\$693527	Interest Expense	\$708
Bad Debt	\$0	Other Expenses	\$10842712
Total Operating Expenses	\$27805346		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-487749	Total Assets	\$35971924
Net Non-operating Gains over Loss	\$87257	Total Liabilities	\$3003507
Total Net Gains	\$-400492		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$120723741	\$106686169	\$14037572
Medicaid	\$24330334	\$21709953	\$2620381
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$82565649	\$71951668	\$10613981
Total	\$227619724	\$200347790	\$27271934

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

	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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