



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: SOUTHERN INDIANA REHABILITATION HOSPITAL

City of Hospital: New Albany

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Kerry Davis

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Medicare Provider Number: 15-3037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$53384715
Outpatient Patient Service Revenue	\$11991463
Total Gross Patient Service Revenue	\$65376178

2. Deductions From Revenue

Contractual Allowance	\$46466315
Other Deductions	\$0
Total Deductions	\$46466315

3. Total Operating Revenue

Net Patient Service Revenue	\$18909863
Other Operating Revenue	\$1486754
Total Operating Revenue	\$20396617

4. Operating Expenses

Salaries and Wages	\$9199389	Employee Benefits	\$1872857
Depreciation and Amortization	\$312434	Interest Expense	\$78864
Bad Debt	\$30073	Other Expenses	\$8903000
Total Operating Expenses	\$20396617		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$18055089
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$18055089

Total Net Gains	\$0
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$33843207	\$22751585	\$11091622
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$31470171	\$23714729	\$7755442
Total	\$65313378	\$46466314	\$18847064

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
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	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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