



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: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Rhonda Ramsey

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Medicare Provider Number: 15-3025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$52784444
Outpatient Patient Service Revenue	\$3178067
Total Gross Patient Service Revenue	\$55962511

2. Deductions From Revenue

Contractual Allowance	\$22191943
Other Deductions	\$0
Total Deductions	\$22191943

3. Total Operating Revenue

Net Patient Service Revenue	\$33770568
Other Operating Revenue	\$121222
Total Operating Revenue	\$33891790

4. Operating Expenses

Salaries and Wages	\$11738178	Employee Benefits	\$2474863
Depreciation and Amortization	\$651537	Interest Expense	\$-8675
Bad Debt	\$697119	Other Expenses	\$6115390
Total Operating Expenses	\$21668412		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12223378	Total Assets	\$27180194
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$9601494

Total Net Gains	\$12223378
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$38052835	\$14181435	\$23871400
Medicaid	\$4266240	\$2594353	\$1671887
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13643436	\$5416155	\$8227281
Total	\$55962511	\$22191943	\$33770568

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	\$1173294
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$483338	
HCI Payments	\$0		
Subtotal	\$0	\$483338	\$-483338
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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