



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: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

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

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

Person Completing the Report: Joseph Saffa

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Medicare Provider Number: 15-3028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$73524432
Outpatient Patient Service Revenue	\$16758023
<b>Total Gross Patient Service Revenue</b>	<b>\$90282455</b>

2. Deductions From Revenue

Contractual Allowance	\$52370188
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$52370188</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$37912267
Other Operating Revenue	\$1465659
<b>Total Operating Revenue</b>	<b>\$39377926</b>

4. Operating Expenses

Salaries and Wages	\$18749840	Employee Benefits	\$5915537
Depreciation and Amortization	\$1475543	Interest Expense	\$347440
Bad Debt	\$1065322	Other Expenses	\$10250598
<b>Total Operating Expenses</b>	<b>\$37804280</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$1573645	Total Assets	\$30259446
Net Non-operating Gains over Loss	\$197232	Total Liabilities	\$30259446
Total Net Gains	\$1770877		

Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42192405	\$26106773	\$16085632
Medicaid	\$12309865	\$10854054	\$1455811
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$35680185	\$15409361	\$20270824
Total	\$90182455	\$52370188	\$37812267

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3920	\$-3920

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$91128	\$-91128

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$145231	\$249240	\$-104009
Hospital Patients	\$0	\$0	\$0
Community Education	\$11445	\$62045	\$-50600

Number of Medical Professionals Trained	9
Number of Hospital Patients Educated	3986
Number of Citizens Exposed to Health Education Messages	158

Statement Six: Charity Statement
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Hospital Charity Charges	\$1612487
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$533464	
HCI Payments	\$0		
Subtotal	\$0	\$533464	\$-533464
Medicaid Shortfalls	\$1455811	\$4754056	
Subtotal	\$1455811	\$4960079	\$-3504268
DSH Payments	\$0		
Subtotal	\$1455811	\$4960079	\$-3504268
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1455811	\$4960079	\$-3504268

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	\$11445	\$62045	\$-50600
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments