



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: RENAISSANCE SPECIALTY HOSPITAL OF CENTRAL INDIANA

City of Hospital: Muncie

Year Begin: 01/01/2007 (mm/dd/yyyy format)

Year End: 12/31/2007 (mm/dd/yyyy format)

Medicare Provider Number: 15-2025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	24182397\$0
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$0

2. Deductions From Revenue

Contractual Allowance	14955892\$0
Other Deductions	\$0
Total Deductions	\$0

3. Total Operating Revenue

Net Patient Service Revenue	9226502\$0
Other Operating Revenue	\$0
Total Operating Revenue	\$0

4. Operating Expenses

Salaries and Wages	2946011\$0	Employee Benefits	331909\$0
Depreciation and Amortization	80877\$0	Interest Expense	42250\$0
Bad Debt	91155\$0	Other Expenses	5451712\$0
Total Operating Expenses	\$0		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	3262497\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	2087854\$0
Total Net Gains	\$0		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	20770729\$0	13001323\$0	\$0
Medicaid	749290\$0	637412\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	2662375\$0	1317157\$0	\$0
Total	\$0	\$0	\$0

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	2000\$0	\$0
Hospital Patients	\$0	10000\$0	\$0
Community Education	\$0	25000\$0	\$0

Number of Medical Professionals Trained	120
Number of Hospital Patients Educated	190
Number of Citizens Exposed to Health Education Messages	50000

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