



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SOUTHERN INDIANA REHABILITATION HOSPITAL

City of Hospital: New Albany

Year Begin: 01/01/2008 (mm/dd/yyyy format)

Year End: 12/31/2008 (mm/dd/yyyy format)

Medicare Provider Number: 153037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$35855000
Outpatient Patient Service Revenue	\$12140000
Total Gross Patient Service Revenue	\$47995000

2. Deductions From Revenue

Contractual Allowance	\$31290000
Other Deductions	\$0
Total Deductions	\$31290000

3. Total Operating Revenue

Net Patient Service Revenue	\$16705000
Other Operating Revenue	\$238000
Total Operating Revenue	\$16943000

4. Operating Expenses

Salaries and Wages	\$8935000	Employee Benefits	\$1595000
Depreciation and Amortization	\$962000	Interest Expense	\$194000
Bad Debt	\$-12000	Other Expenses	\$5869000
Total Operating Expenses	\$17543000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-600000	Total Assets	\$14685000
Net Non-operating Gains over Loss	\$-159000	Total Liabilities	\$7457000
Total Net Gains	\$-759000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$32243000	\$21652000	\$10591000
Medicaid	\$3214000	\$2816000	\$398000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12538000	\$6822000	\$5716000
Total	\$47995000	\$31290000	\$16705000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1701	\$26826	\$-25125

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$5292	\$-5292

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$20700	\$-20700
Hospital Patients	\$0	\$40000	\$-40000
Community Education	\$0	\$18300	\$-18300

Number of Medical Professionals Trained	200
Number of Hospital Patients Educated	3000
Number of Citizens Exposed to Health Education Messages	30000

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	\$34000	\$85000	
HCI Payments	\$0		
Subtotal	\$34000	\$85000	\$-51000
Medicaid Shortfalls	\$419000	\$1255000	
Subtotal	\$453000	\$1340000	\$-887000
DSH Payments	\$0		
Subtotal	\$453000	\$1340000	\$-887000
Medicare Shortfalls	\$10508000	\$11661000	
Other Government Programs	\$0	\$0	
Total	\$10961000	\$13001000	\$-2040000

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