



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

*City of Hospital:* Evansville

*Year Begin:* 01/01/2010 (mm/dd/yyyy format)

*Year End:* 12/31/2010 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-3025

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

|                                     |            |                       |            |
|-------------------------------------|------------|-----------------------|------------|
| Inpatient Patient Service Revenue   | \$44037046 | Contractual Allowance | \$24060946 |
| Outpatient Patient Service Revenue  | \$3259294  | Other Deductions      | \$0        |
| Total Gross Patient Service Revenue | \$47296340 | Total Deductions      | \$24060946 |

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$23235394 |
| Other Operating Revenue     | \$117469   |
| Total Operating Revenue     | \$23352863 |

#### 4. Operating Expenses

|                               |            |                   |           |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages            | \$8816431  | Employee Benefits | \$1592541 |
| Depreciation and Amortization | \$224002   | Interest Expense  | \$0       |
| Bad Debt                      | \$259615   | Other Expenses    | \$6209710 |
| Total Operating Expenses      | \$17102299 |                   |           |

#### 5. Net Revenue and Expenses

|                                   |            |                   |            |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses      | \$6250564  | Total Assets      | \$19245527 |
| Net Non-operating Gains over Loss | \$-1366914 | Total Liabilities | \$6247958  |
| Total Net Gains                   | \$4883650  |                   |            |

### Statement Two: Contractual Allowance

|                |                       |                       |                               |
|----------------|-----------------------|-----------------------|-------------------------------|
| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|

|                  |            |            |            |
|------------------|------------|------------|------------|
| Medicare         | \$31115672 | \$16076320 | \$15039352 |
| Medicaid         | \$3314554  | \$2222118  | \$1092436  |
| Other Government | \$0        | \$0        | \$0        |
| Other State      | \$0        | \$0        | \$0        |
| Other Payers     | \$12866113 | \$5762508  | \$7103605  |
| Total            | \$47296339 | \$24060946 | \$23235393 |

### 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 | \$182468 |
|--------------------------|----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$65114                |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$65114                | \$-65114                       |
| 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                     |