



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: BLUFFTON REGIONAL MEDICAL CENTER

City of Hospital: Bluffton

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$54889017
Outpatient Patient Service Revenue	\$83049023
Total Gross Patient Service Revenue	\$137938040

2. Deductions From Revenue

Contractual Allowance	\$97757370
Other Deductions	\$0
Total Deductions	\$97757370

3. Total Operating Revenue

Net Patient Service Revenue	\$40180670
Other Operating Revenue	\$412128
Total Operating Revenue	\$40592798

4. Operating Expenses

Salaries and Wages	\$13617726	Employee Benefits	\$3342919
Depreciation and Amortization	\$3517539	Interest Expense	\$0
Bad Debt	\$4662215	Other Expenses	\$15021643
Total Operating Expenses	\$40162042		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$430756	Total Assets	\$39736262
Net Non-operating Gains over Loss	\$307981	Total Liabilities	\$29839505
Total Net Gains	\$738737		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$51437013	\$42766710	\$8670303
Medicaid	\$16827163	\$12573616	\$4253547
Other Government	\$1316282	\$1683860	\$-367578
Other State	\$0	\$0	\$0
Other Payers	\$68357582	\$40733184	\$27624398
Total	\$137938040	\$97757370	\$40180670

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	\$310247
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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	\$510683	\$1246588	
Subtotal	\$510683	\$1246588	\$-735905
DSH Payments	\$0		
Subtotal	\$510683	\$1246588	\$-735905
Medicare Shortfalls	\$1643574	\$2257114	
Other Government Programs	\$0	\$0	
Total	\$2154257	\$3503702	\$-1349445

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