



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: BLUFFTON REGIONAL MEDICAL CENTER

City of Hospital: Bluffton

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Bluffton Regionalmedicalcentercarecenter

Email Address: blffsdoh@blufftonregional.com

Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$55727448
Outpatient Patient Service Revenue	\$79338734
Total Gross Patient Service Revenue	\$135066182

2. Deductions From Revenue

Contractual Allowance	\$98042504
Other Deductions	\$0
Total Deductions	\$98042504

3. Total Operating Revenue

Net Patient Service Revenue	\$37023678
Other Operating Revenue	\$315646
Total Operating Revenue	\$37339324

4. Operating Expenses

Salaries and Wages	\$13238369	Employee Benefits	\$3372691
Depreciation and Amortization	\$4177979	Interest Expense	\$0
Bad Debt	\$3338898	Other Expenses	\$14707422
Total Operating Expenses	\$38835359		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1496035	Total Assets	\$37312075
Net Non-operating Gains over Loss	\$-395283	Total Liabilities	\$29306638
Total Net Gains	\$-1891318		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$48515223	\$40569712	\$7945511
Medicaid	\$15734517	\$13009078	\$2725439
Other Government	\$1277910	\$1972209	\$-694299
Other State	\$0	\$0	\$0
Other Payers	\$69538531	\$42491505	\$27047026
Total	\$135066181	\$98042504	\$37023677

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

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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	\$204058
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$58769	
HCI Payments	\$0		
Subtotal	\$0	\$58769	\$-58769
Medicaid Shortfalls	\$2725441	\$4088005	
Subtotal	\$2725441	\$4146774	\$-1421333
DSH Payments	\$0		
Subtotal	\$2725441	\$4146774	\$-1421333
Medicare Shortfalls	\$11819194	\$18588309	
Other Government Programs	\$0	\$0	
Total	\$14544635	\$22735083	\$-8190448

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

Comments



