



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: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

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

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

Person Completing the Report: James Winters

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Medicare Provider Number: 15-3025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$58722133
Outpatient Patient Service Revenue	\$3226278
<b>Total Gross Patient Service Revenue</b>	<b>\$61948411</b>

2. Deductions From Revenue

Contractual Allowance	\$30042096
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$30042096</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$31906316
Other Operating Revenue	\$124906
<b>Total Operating Revenue</b>	<b>\$32031222</b>

4. Operating Expenses

Salaries and Wages	\$10934149	Employee Benefits	\$2257698
Depreciation and Amortization	\$299908	Interest Expense	\$-13131
Bad Debt	\$214462	Other Expenses	\$5227087
<b>Total Operating Expenses</b>	<b>\$18920173</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13111049	Total Assets	\$21924350
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$7650879
Total Net Gains	\$13111049		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$47364946	\$22673605	\$24691341
Medicaid	\$2850384	\$1927910	\$922474
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$11733081	\$5440581	\$6292500
Total	\$61948411	\$30042096	\$31906315

## 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
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Hospital Charity Charges	\$902044
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$275484	
HCI Payments	\$0		
Subtotal	\$0	\$275484	\$-275484
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

Comments



