



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: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

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

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

Person Completing the Report: Joseph Saffa

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Medicare Provider Number: 153028

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$72169784
Outpatient Patient Service Revenue	\$13982432
Total Gross Patient Service Revenue	\$86152216

2. Deductions From Revenue

Contractual Allowance	\$47119695
Other Deductions	\$0
Total Deductions	\$47119695

3. Total Operating Revenue

Net Patient Service Revenue	\$39032521
Other Operating Revenue	\$1249764
Total Operating Revenue	\$40282285

4. Operating Expenses

Salaries and Wages	\$19333528	Employee Benefits	\$7453687
Depreciation and Amortization	\$1140125	Interest Expense	\$470879
Bad Debt	\$601904	Other Expenses	\$10121702
Total Operating Expenses	\$39121825		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1160460	Total Assets	\$29442335
Net Non-operating Gains over Loss	\$502994	Total Liabilities	\$23359416
Total Net Gains	\$1663454		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39390225	\$24477568	\$14912657
Medicaid	\$7891983	\$5485777	\$2406206
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$38870008	\$17156350	\$21713658
Total	\$86152216	\$47119695	\$39032521

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4000	\$-4000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$92700	\$-92700

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$78415	\$214200	\$-135785
Hospital Patients	\$0	\$0	\$0
Community Education	\$9300	\$34240	\$-24940

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Number of Medical Professionals Trained	9
Number of Hospital Patients Educated	21842
Number of Citizens Exposed to Health Education Messages	78

Statement Six: Charity Statement

Hospital Charity Charges	\$1250714
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1250714	
HCI Payments	\$0		
Subtotal	\$0	\$1250714	\$-1250714
Medicaid Shortfalls	\$2406206	\$3380392	
Subtotal	\$2406206	\$4631106	\$-2224900
DSH Payments	\$0		
Subtotal	\$2406206	\$4631106	\$-2224900
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2406206	\$4631106	\$-2224900

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$9300	\$34240	\$-24940
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



