



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: **01/01/2014** (mm/dd/yyyy format)

Year End: **12/31/2014** (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
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$57525125
Outpatient Patient Service Revenue	\$85402294
Total Gross Patient Service Revenue	\$142927419

2. Deductions From Revenue

Contractual Allowance	\$105928919
Other Deductions	\$0
Total Deductions	\$105928919

3. Total Operating Revenue

Net Patient Service Revenue	\$36998500
Other Operating Revenue	\$431960
Total Operating Revenue	\$37430460

4. Operating Expenses

Salaries and Wages	\$12826627	Employee Benefits	\$3044350
Depreciation and Amortization	\$4527969	Interest Expense	\$0
Bad Debt	\$4183376	Other Expenses	\$14287549
Total Operating Expenses	\$38869871		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1399411	Total Assets	\$36030984
Net Non-operating Gains over Loss	\$-354491	Total Liabilities	\$29779449
Total Net Gains	\$-1753902		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$49173868	\$40932212	\$8241656
Medicaid	\$15687798	\$12884296	\$2803502
Other Government	\$1850770	\$3071954	\$-1221184
Other State	\$0	\$0	\$0
Other Payers	\$76214983	\$49040457	\$27174526
Total	\$142927419	\$105928919	\$36998500

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	\$276614
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$66006	
HCI Payments	\$0		
Subtotal	\$0	\$66006	\$-66006
Medicaid Shortfalls	\$2803502	\$3743475	
Subtotal	\$2803502	\$3809481	\$-1005979
DSH Payments	\$0		
Subtotal	\$2803502	\$3809481	\$-1005979
Medicare Shortfalls	\$8241655	\$11734035	
Other Government Programs	\$0	\$0	
Total	\$11045157	\$15543516	\$-4498359

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