



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: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Bluffton Regionalmedicalcentercarecenter

Email Address: blffsdoh@blufftonregional.com

Medicare Provider Number: 120075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$59587462
Outpatient Patient Service Revenue	\$100357714
Total Gross Patient Service Revenue	\$159945176

2. Deductions From Revenue

Contractual Allowance	\$123675985
Other Deductions	\$0
Total Deductions	\$123675985

3. Total Operating Revenue

Net Patient Service Revenue	\$36269191
Other Operating Revenue	\$410902
Total Operating Revenue	\$36680093

4. Operating Expenses

Salaries and Wages	\$11793958	Employee Benefits	\$3269426
Depreciation and Amortization	\$4286974	Interest Expense	\$18295
Bad Debt	\$3670139	Other Expenses	\$14146725
Total Operating Expenses	\$37185517		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-505424	Total Assets	\$33880770
Net Non-operating Gains over Loss	\$-463691	Total Liabilities	\$28598351
Total Net Gains	\$-969115		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52753166	\$44989236	\$7763930
Medicaid	\$21105794	\$16423081	\$4682713
Other Government	\$375269	\$3769380	\$-3394111
Other State	\$0	\$0	\$0
Other Payers	\$85710947	\$58494288	\$27216659
Total	\$159945176	\$123675985	\$36269191

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	\$178953
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$38019	
HCI Payments	\$0		
Subtotal	\$0	\$38019	\$-38019
Medicaid Shortfalls	\$4682715	\$44837570	
Subtotal	\$4682715	\$44875589	\$-40192874
DSH Payments	\$0		
Subtotal	\$4682715	\$44875589	\$-40192874
Medicare Shortfalls	\$7763930	\$11206986	
Other Government Programs	\$0	\$0	
Total	\$12446645	\$56082575	\$-43635930

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