



Hospital Fiscal Report
State Form 49520 (R3/7-23)
Indiana Department of Health
(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: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Jessica Hill

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Medicare Provider Number: 15-3028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$101833562
Outpatient Patient Service Revenue	\$18866180
Total Gross Patient Service Revenue	\$120699742

2. Deductions From Revenue

Contractual Allowance	\$74650662
Other Deductions	\$881065
Total Deductions	\$75531727

3. Total Operating Revenue

Net Patient Service Revenue	\$45168015
Other Operating Revenue	\$2454092
Total Operating Revenue	\$47622107

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$17044447	1047
Medicaid	\$4763603	336
Commercial Insurance	\$15370013	549
Self-pay	\$137122	69
Any Other Category of Payer	\$2717999	70
Total	\$40033184	2071

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$1450654	2311
Medicaid	\$194103	955
Commercial Insurance	\$3177169	1472
Self-pay	\$146582	124
Any Other Category of Payer	\$166323	300
Total	\$5134831	5162

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$18495101	3358
Medicaid	\$4957706	1291
Commercial Insurance	\$18547182	2021
Self-pay	\$283704	193
Any Other Category of Payer	\$2884322	370
Total	\$45168015	7233

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$124741	647
Medicaid	\$17745	283
Commercial Insurance	\$178644	310
Self-pay	\$10656	31
Any Other Category of Payer	\$7423	87
Total	\$339209	1358

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$124741	647
Medicaid	\$17745	283
Commercial Insurance	\$178644	310
Self-pay	\$10656	31
Any Other Category of Payer	\$7423	87
Total	\$339209	1358

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$37265	296
Medicaid	\$3414	32
Commercial Insurance	\$20865	166
Self-pay	\$608	5
Any Other Category of Payer	\$2031	16
Total	\$64183	515

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$120225	399
Medicaid	\$25775	59
Commercial Insurance	\$67316	224
Self-pay	\$1961	7
Any Other Category of Payer	\$6552	22
Total	\$221829	711

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$157490	695
Medicaid	\$29189	91
Commercial Insurance	\$88181	390
Self-pay	\$2569	12
Any Other Category of Payer	\$8583	38
Total	\$286012	1226

13. Operating Expenses

Salaries and Wages	\$25241986	Employee Benefits	\$7392668
Depreciation and Amortization	\$1865771	Interest Expense	\$77198
Bad Debt	\$505954	Other Expenses	\$12508645
Total Operating Expenses	\$47592222		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$29885	Total Assets	\$32066269
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$14073134
Total Net Gains	\$29885		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$59596402	\$41101301	\$18495101
Medicaid	\$22324223	\$17366517	\$4957706
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$38779117	\$17063909	\$21715208
Total	\$120699742	\$75531727	\$45168015

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	\$77500	\$260205	\$-182705
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	13
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$323068
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$119342	
HCI Payments	\$0		
Subtotal	\$0	\$119342	\$-119342
Medicaid Shortfalls	\$4833124	\$8190736	
Subtotal	\$4833124	\$8310078	\$-3476954
DSH Payments	\$0		
Subtotal	\$4833124	\$8310078	\$-3476954
Medicare Shortfalls	\$18989349	\$22014971	
Other Government Programs	\$0	\$0	
Total	\$23822473	\$30325049	\$-6502576

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$12319	\$-12319
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments