



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: SOUTHERN INDIANA REHABILITATION HOSPITAL

City of Hospital: New Albany

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: John Gottbrath

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Medicare Provider Number: 153037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$42445113
Outpatient Patient Service Revenue	\$15305362
Total Gross Patient Service Revenue	\$57750475

2. Deductions From Revenue

Contractual Allowance	\$40800716
Other Deductions	\$120832
Total Deductions	\$40921548

3. Total Operating Revenue

Net Patient Service Revenue	\$16828926
Other Operating Revenue	\$142991
Total Operating Revenue	\$16971917

4. Operating Expenses

Salaries and Wages	\$9280166	Employee Benefits	\$1819127
Depreciation and Amortization	\$745585	Interest Expense	\$57240
Bad Debt	\$150274	Other Expenses	\$5638265
Total Operating Expenses	\$17690657		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-718741	Total Assets	\$10248475
Net Non-operating Gains over	\$30814	Total Liabilities	\$3320480

Loss	
Total Net Gains	\$-687927

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$36508709	\$27132251	\$9376458
Medicaid	\$3711881	\$3874236	\$-162355
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17529885	\$9794229	\$7735656
Total	\$57750475	\$40800716	\$16949759

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	\$56287	\$-56287
Hospital Patients	\$0	\$0	\$0
Community Education	\$19690	\$22232	\$-2542

Number of Medical Professionals Trained	164
Number of Hospital Patients Educated	3993
Number of Citizens Exposed to Health Education Messages	6511

Statement Six: Charity Statement

Hospital Charity Charges	\$120832
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$33900	
HCI Payments	\$0		
Subtotal	\$0	\$33900	\$-33900
Medicaid Shortfalls	\$468046	\$1041171	
Subtotal	\$468046	\$1075071	\$-607025
DSH Payments	\$0		
Subtotal	\$468046	\$1075071	\$-607025
Medicare Shortfalls	\$9288756	\$8959588	
Other Government Programs	\$0	\$0	
Total	\$9756802	\$10034659	\$-277857

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	\$2467738	\$3884176	\$-1416438

Comments