



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: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Roshni Patel

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Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$392621751
Outpatient Patient Service Revenue	\$493775801
Total Gross Patient Service Revenue	\$886397552

2. Deductions From Revenue

Contractual Allowance	\$427124815
Other Deductions	\$13454463
Total Deductions	\$440579278

3. Total Operating Revenue

Net Patient Service Revenue	\$445818274
Other Operating Revenue	\$6138251
Total Operating Revenue	\$451956525

4. Operating Expenses

Salaries and Wages	\$128144333	Employee Benefits	\$32691670
Depreciation and Amortization	\$22522049	Interest Expense	\$2501072
Bad Debt	\$12472501	Other Expenses	\$260103462
Total Operating Expenses	\$458435087		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-6478562	Total Assets	\$455197687
Net Non-operating Gains over Loss	\$-5699439	Total Liabilities	\$126772832
Total Net Gains	\$-12178001		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$404454413	\$268329715	\$136124698
Medicaid	\$179585333	\$72758055	\$106827278
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$302357806	\$99491509	\$202866297
Total	\$886397552	\$440579279	\$445818273

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$851994	\$-851994

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	\$734080	\$1814185	\$-1080105
Hospital Patients	\$254245	\$341412	\$-87167
Community Education	\$0	\$707675	\$-707675

Number of Medical Professionals Trained

256

Number of Hospital Patients Educated	3679
Number of Citizens Exposed to Health Education Messages	47434

Statement Six: Charity Statement

Hospital Charity Charges	\$15576208
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6470357	
HCI Payments	\$0		
Subtotal	\$0	\$6470357	\$-6470357
Medicaid Shortfalls	\$15389239	\$43270879	
Subtotal	\$15389239	\$49741236	\$-34351997
DSH Payments	\$7,151,107		
Subtotal	\$22540346	\$49741236	\$-27200890
Medicare Shortfalls	\$100184970	\$138240226	
Other Government Programs	\$0	\$0	
Total	\$122725316	\$187981462	\$-65256146

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2378230	\$-2378230
Community Assessment	\$0	\$64500	\$-64500
Provision of Taxes	\$0	\$224267	\$-224267
Other Allocations	\$0	\$0	\$0

Comments

