



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-3028

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$62775197
Outpatient Patient Service Revenue	\$13494124
Total Gross Patient Service Revenue	\$76269321

#### 2. Deductions From Revenue

Contractual Allowance	\$37541759
Other Deductions	\$1704652
Total Deductions	\$39246411

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$37022911
Other Operating Revenue	\$239143
Total Operating Revenue	\$37262054

#### 4. Operating Expenses

Salaries and Wages	\$16489689	Employee Benefits	\$5980890
Depreciation and Amortization	\$956870	Interest Expense	\$717055
Bad Debt	\$1144842	Other Expenses	\$11348928
Total Operating Expenses	\$36638274		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$623780	Total Assets	\$22124835
Net Non-operating Gains over Loss	\$-205352	Total Liabilities	\$20269058
Total Net Gains	\$418428		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$32485967	\$18019410	\$14466557
Medicaid	\$9919410	\$7444203	\$2475207
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$33863944	\$13782798	\$20081146
Total	\$76269321	\$39246411	\$37022910

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2162	\$20770	\$-18608

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$634981	\$601631	\$33350

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$80355	\$414459	\$-334104
Hospital Patients	\$0	\$0	\$0
Community Education	\$10015	\$29905	\$-19890

Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	127

### Statement Six: Charity Statement

Hospital Charity Charges	\$1091713
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$524022	
HCI Payments	\$0		
Subtotal	\$0	\$524022	\$-524022
Medicaid Shortfalls	\$1181769	\$4761317	
Subtotal	\$1181769	\$5285339	\$-4103570
DSH Payments	\$0		
Subtotal	\$1181769	\$5285339	\$-4103570
Medicare Shortfalls	\$11556754	\$15593264	
Other Government Programs	\$0	\$0	
Total	\$12738523	\$20878603	\$-8140080

**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