



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: LAFAYETTE REGIONAL REHABILITATION HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Tracey Wolpert

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Medicare Provider Number: 15-3042

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9547506
Outpatient Patient Service Revenue	\$65716
Total Gross Patient Service Revenue	\$9613222

2. Deductions From Revenue

Contractual Allowance	\$4540766
Other Deductions	\$0
Total Deductions	\$4540766

3. Total Operating Revenue

Net Patient Service Revenue	\$5072456
Other Operating Revenue	\$23122
Total Operating Revenue	\$5095578

4. Operating Expenses

Salaries and Wages	\$3974291	Employee Benefits	\$1049596
Depreciation and Amortization	\$604114	Interest Expense	\$1650844
Bad Debt	\$0	Other Expenses	\$1898341
Total Operating Expenses	\$9177186		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4081608	Total Assets	\$38171015
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$42464711
Total Net Gains	\$-4081608		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$6669103	\$2880879	\$3788224
Medicaid	\$594064	\$369241	\$224823
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$2350055	\$1290646	\$1059409
Total	\$9613222	\$4540766	\$5072456

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

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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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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



