



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

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

Person Completing the Report: Christopher Graff

Email Address: christophergraff@kentuckyonehealth.org

Medicare Provider Number: 153037

Statement One: Summary of Revenue and Expenses
--

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$45587535
Outpatient Patient Service Revenue	\$13889025
Total Gross Patient Service Revenue	\$59476560

## 2. Deductions From Revenue

Contractual Allowance	\$41351996
Other Deductions	\$99295
Total Deductions	\$41451291

## 3. Total Operating Revenue

Net Patient Service Revenue	\$18025269
Other Operating Revenue	\$175971
Total Operating Revenue	\$18201240

## 4. Operating Expenses

Salaries and Wages	\$9380051	Employee Benefits	\$2179826
Depreciation and Amortization	\$767459	Interest Expense	\$80783
Bad Debt	\$428821	Other Expenses	\$5618419
Total Operating Expenses	\$18455359		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-254119	Total Assets	\$11557028
Net Non-operating Gains over Loss	\$2897528	Total Liabilities	\$4025866
Total Net Gains	\$2643409		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32196078	\$29287113	\$2908965
Medicaid	\$3283656	\$3630581	\$-346925
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23996826	\$8434302	\$15562524
Total	\$59476560	\$41351996	\$18124564

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$50	\$0	\$50

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	\$24609	\$-24609
Hospital Patients	\$0	\$0	\$0
Community Education	\$24810	\$31626	\$-6816

--	--

Number of Medical Professionals Trained	166
Number of Hospital Patients Educated	3721
Number of Citizens Exposed to Health Education Messages	7497

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$99295
--------------------------	---------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$31400	
HCI Payments	\$0		
Subtotal	\$0	\$31400	\$-31400
Medicaid Shortfalls	\$627993	\$987068	
Subtotal	\$627993	\$1018468	\$-390475
DSH Payments	\$0		
Subtotal	\$627993	\$1018468	\$-390475
Medicare Shortfalls	\$9924593	\$10292404	
Other Government Programs	\$0	\$0	
Total	\$10552586	\$11310872	\$-758286

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	\$2383451	\$3990583	\$-1607132

Comments



