



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: TERRE HAUTE REGIONAL HOSPITAL

City of Hospital: Terre Haute

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

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

Person Completing the Report: Ashley Martin

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Medicare Provider Number: 150046

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

Inpatient Patient Service Revenue	\$206880180
Outpatient Patient Service Revenue	\$277568219
Total Gross Patient Service Revenue	\$484448399

2. Deductions From Revenue

Contractual Allowance	\$356010747
Other Deductions	\$42691597
Total Deductions	\$398702344

3. Total Operating Revenue

Net Patient Service Revenue	\$0
Other Operating Revenue	\$400893
Total Operating Revenue	\$400893

4. Operating Expenses

Salaries and Wages	\$35337803	Employee Benefits	\$10822250
Depreciation and Amortization	\$4410740	Interest Expense	\$9681978
Bad Debt	\$10714845	Other Expenses	\$24414500
Total Operating Expenses	\$95382116		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17507232	Total Assets	\$63617596
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-182873322
Total Net Gains	\$17507232		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$229952464	\$191616679	\$38335785
Medicaid	\$36616515	\$36513777	\$102738
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$247799627	\$170571878	\$77227749
Total	\$514368606	\$398702334	\$115666272

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$72184	\$-72184

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	\$44690	\$-44690
Hospital Patients	\$0	\$7500	\$-7500
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	3000
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	\$716,100		
Subtotal	\$716100	\$0	\$716100
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$3090135	\$0	
Total	\$3806235	\$0	\$3806235

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$9935.76	\$-9935.76
Community Assessment	\$0	\$10000	\$-10000
Provision of Taxes	\$0	\$7051291	\$-7051291
Other Allocations	\$0	\$0	\$0

Comments



