



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: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Joseph Saffa

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Medicare Provider Number: 153028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$66350192
Outpatient Patient Service Revenue	\$15540007
Total Gross Patient Service Revenue	\$81890199

2. Deductions From Revenue

Contractual Allowance	\$44455446
Other Deductions	\$1715129
Total Deductions	\$46170575

3. Total Operating Revenue

Net Patient Service Revenue	\$35719624
Other Operating Revenue	\$1409582
Total Operating Revenue	\$37129206

4. Operating Expenses

Salaries and Wages	\$17644555	Employee Benefits	\$6588231
Depreciation and Amortization	\$1405181	Interest Expense	\$427691
Bad Debt	\$762450	Other Expenses	\$9210070
Total Operating Expenses	\$36038178		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1091027	Total Assets	\$28019615
Net Non-operating Gains over Loss	\$177658	Total Liabilities	\$21668011
Total Net Gains	\$1268685		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39781034	\$25233783	\$14547251
Medicaid	\$5160920	\$4527668	\$633252
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36948245	\$17171571	\$19776674
Total	\$81890199	\$46933022	\$34957177

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$30199	\$32599	\$-2400

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$91128	\$-91128

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$249585	\$244506.58	\$5078.42
Hospital Patients	\$0	\$0	\$0
Community Education	\$11445	\$52418	\$-40973

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Number of Medical Professionals Trained	9
Number of Hospital Patients Educated	3763
Number of Citizens Exposed to Health Education Messages	81

Statement Six: Charity Statement

Hospital Charity Charges	\$1285331.50
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$525428	
HCI Payments	\$0		
Subtotal	\$0	\$525428	\$-525428
Medicaid Shortfalls	\$633252	\$2109720	
Subtotal	\$633252	\$3395732	\$-2762480
DSH Payments	\$0		
Subtotal	\$633252	\$3395732	\$-2762480
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$633252	\$3395732	\$-2762480

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$11445	\$52418	\$-40973
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

