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: REGENCY HOSPITAL OF NORTHWEST INDIANA

City of Hospital:	Portage
Year Begin:	01/01/2014 (mm/dd/yyyy format)
Year End:	12/31/2014 (mm/dd/yyyy format)
Person Completing the Report:	Dave Huffman
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Medicare Provider Number:	15-2024

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$39160872
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$39160872

2. Deductions From Revenue

Contractual Allowance	$28755987
Other Deductions	$8548
Total Deductions	$28764535

3. Total Operating Revenue

Net Patient Service Revenue	$10396337
Other Operating Revenue	$799
Total Operating Revenue	$10397136

4. Operating Expenses

Salaries and Wages	$4199465	Employee Benefits	$738191
Depreciation and Amortization	$89076	Interest Expense	$0
Bad Debt	$177390	Other Expenses	$4719864
Total Operating Expenses	$9923986		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$473151	Total Assets	$12671003
Net Non-operating Gains over Loss	$1292	Total Liabilities	$1267240
Total Net Gains	$474443		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$27243917	$20331356	$6912561
Medicaid	$268375	$217511	$50864
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$11648580	$8215699	$3432881
Total	$39160872	$28764566	$10396306

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

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

	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