



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: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Rachel Schoettmer

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Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$329287922
Outpatient Patient Service Revenue	\$324272267
Total Gross Patient Service Revenue	\$653560189

2. Deductions From Revenue

Contractual Allowance	\$287676850
Other Deductions	\$11682643
Total Deductions	\$299359493

3. Total Operating Revenue

Net Patient Service Revenue	\$354200696
Other Operating Revenue	\$2646614
Total Operating Revenue	\$356847310

4. Operating Expenses

Salaries and Wages	\$70323267	Employee Benefits	\$20892009
Depreciation and Amortization	\$16977150	Interest Expense	\$1327695
Bad Debt	\$11565884	Other Expenses	\$208326904
Total Operating Expenses	\$329412909		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27434401	Total Assets	\$418322698
Net Non-operating Gains over Loss	\$-18332616	Total Liabilities	\$127885088

Total Net Gains	\$9101785
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$301581810	\$191133064	\$110448746
Medicaid	\$123593426	\$43255980	\$80337446
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$228384952	\$64970448	\$163414504
Total	\$653560188	\$299359492	\$354200696

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$507035	\$-507035

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$10500	\$0	\$10500

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$642944	\$1679343	\$-1036399
Hospital Patients	\$156999	\$297272	\$-140273
Community Education	\$0	\$515690	\$-515690

Number of Medical Professionals Trained	1337
Number of Hospital Patients Educated	905
Number of Citizens Exposed to Health Education Messages	188000

Statement Six: Charity Statement

Hospital Charity Charges	\$14319771
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5750820	
HCI Payments	\$0		
Subtotal	\$0	\$5750820	\$-5750820
Medicaid Shortfalls	\$11523219	\$28140157	
Subtotal	\$11523219	\$33890977	\$-22367758
DSH Payments	\$5,532,053		
Subtotal	\$17055272	\$33890977	\$-16835705
Medicare Shortfalls	\$80143595	\$104293390	
Other Government Programs	\$0	\$0	
Total	\$97198867	\$138184367	\$-40985500

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$571526	\$-571526
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$239220	\$-239220
Other Allocations	\$0	\$0	\$0

Comments

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