



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, East Chicago

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

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

Person Completing the Report: Dave Huffman

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Medicare Provider Number: 152024

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--|-------------------|
| Inpatient Patient Service Revenue | \$98279153 |
| Outpatient Patient Service Revenue | \$0 |
| Total Gross Patient Service Revenue | \$98279153 |

2. Deductions From Revenue

| | |
|-------------------------|-------------------|
| Contractual Allowance | \$72980411 |
| Other Deductions | \$2318 |
| Total Deductions | \$72982729 |

3. Total Operating Revenue

| | |
|--------------------------------|-------------------|
| Net Patient Service Revenue | \$25296424 |
| Other Operating Revenue | \$19673 |
| Total Operating Revenue | \$25316097 |

4. Operating Expenses

| | | | |
|---------------------------------|-------------------|-------------------|------------|
| Salaries and Wages | \$10490443 | Employee Benefits | \$1678952 |
| Depreciation and Amortization | \$247645 | Interest Expense | \$0 |
| Bad Debt | \$319488 | Other Expenses | \$11051439 |
| Total Operating Expenses | \$23787967 | | |

5. Net Revenue and Expenses

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|--|--|--|--|
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|--|--|--|--|

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|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses | \$1528130 | Total Assets | \$26937277 |
| Net Non-operating Gains over Loss | \$7564 | Total Liabilities | \$4285546 |
| Total Net Gains | \$1535694 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$70592335 | \$52987991 | \$17604344 |
| Medicaid | \$4498204 | \$3616228 | \$881976 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$23188614 | \$16378510 | \$6810104 |
| Total | \$98279153 | \$72982729 | \$25296424 |

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 | |

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

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| Statement Seven: Subsidized Health Services for the Community |
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| | 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