



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: REID HOSPITAL & HEALTH CARE SERVICES, INC.

City of Hospital: Richmond

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

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

Person Completing the Report: Greg Turner

Email Address: gregory.turner@reidhealth.org

Medicare Provider Number: 150048

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$252435170
Outpatient Patient Service Revenue	\$601997337
Total Gross Patient Service Revenue	\$854432507

2. Deductions From Revenue

Contractual Allowance	\$423197400
Other Deductions	\$31110619
Total Deductions	\$454308019

3. Total Operating Revenue

Net Patient Service Revenue	\$376001815
Other Operating Revenue	\$14087452
Total Operating Revenue	\$390089267

4. Operating Expenses

Salaries and Wages	\$139579906	Employee Benefits	\$42413083
Depreciation and Amortization	\$27593949	Interest Expense	\$6022860
Bad Debt	\$24122673	Other Expenses	\$186024236
Total Operating Expenses	\$425756707		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-11544767	Total Assets	\$641489286
Net Non-operating Gains over Loss	\$-20542457	Total Liabilities	\$263409310
Total Net Gains	\$-32087224		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$442398190	\$301631000	\$140767190
Medicaid	\$121273216	\$88216562	\$33056654
Other Government	\$12890435	\$5692268	\$7198167
Other State	\$0	\$0	\$0
Other Payers	\$246860894	\$28352465	\$218508429
Total	\$823422735	\$423892295	\$399530440

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$5000	\$1356182	\$-1351182

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	\$69569	\$-69569
Hospital Patients	\$0	\$1061184	\$-1061184
Community Education	\$0	\$197597	\$-197597

Number of Medical Professionals Trained	1444
Number of Hospital Patients Educated	25535
Number of Citizens Exposed to Health Education Messages	8468

Statement Six: Charity Statement

Hospital Charity Charges	\$30996073
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9682166	
HCI Payments	\$0		
Subtotal	\$0	\$9682166	\$-9682166
Medicaid Shortfalls	\$25800704	\$32484891	
Subtotal	\$25800704	\$42167057	\$-16366353
DSH Payments	\$0		
Subtotal	\$25800704	\$42167057	\$-16366353
Medicare Shortfalls	\$122382234	\$124331135	
Other Government Programs	\$0	\$0	
Total	\$148182938	\$166498192	\$-18315254

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$93120	\$930777	\$-837657
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$229288	\$-229288
Other Allocations	\$0	\$0	\$0

Comments