



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: SOUTHERN INDIANA REHABILITATION HOSPITAL

City of Hospital: New Albany

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

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

Person Completing the Report: John Gottbrath

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Medicare Provider Number: 153037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41514668
Outpatient Patient Service Revenue	\$16847115
Total Gross Patient Service Revenue	\$58361783

2. Deductions From Revenue

Contractual Allowance	\$39310385
Other Deductions	\$279506
Total Deductions	\$39589891

3. Total Operating Revenue

Net Patient Service Revenue	\$18771891
Other Operating Revenue	\$124124
Total Operating Revenue	\$18896015

4. Operating Expenses

Salaries and Wages	\$9716641	Employee Benefits	\$1870706
Depreciation and Amortization	\$710701	Interest Expense	\$10596
Bad Debt	\$868124	Other Expenses	\$5686791
Total Operating Expenses	\$18863559		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$32456	Total Assets	\$10013525
Net Non-operating Gains over Loss	\$-19593	Total Liabilities	\$4956886

Total Net Gains	\$12863
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$38299348	\$27137436	\$11161912
Medicaid	\$5279066	\$4082011	\$1197055
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14783369	\$8090938	\$6692431
Total	\$58361783	\$39310385	\$19051398

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	\$24361	\$-24361
Hospital Patients	\$0	\$0	\$0
Community Education	\$25710	\$21827	\$3883

Number of Medical Professionals Trained	422
Number of Hospital Patients Educated	4140
Number of Citizens Exposed to Health Education Messages	7042

Statement Six: Charity Statement

Hospital Charity Charges	\$279506
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$79500	
HCI Payments	\$0		
Subtotal	\$0	\$79500	\$-79500
Medicaid Shortfalls	\$1118897	\$1501314	
Subtotal	\$1118897	\$1580814	\$-461917
DSH Payments	\$0		
Subtotal	\$1118897	\$1580814	\$-461917
Medicare Shortfalls	\$9383486	\$9129249	
Other Government Programs	\$0	\$0	
Total	\$10502383	\$10710063	\$-207680

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	\$2415295	\$3884176	\$-1468881

Comments

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