



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: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Rhonda Ramsey

Email Address: rhonda.ramsey@healthsouth.com

Medicare Provider Number: 15-3025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60780915
Outpatient Patient Service Revenue	\$3512746
Total Gross Patient Service Revenue	\$64293661

2. Deductions From Revenue

Contractual Allowance	\$24163350
Other Deductions	\$0
Total Deductions	\$24163350

3. Total Operating Revenue

Net Patient Service Revenue	\$40130311
Other Operating Revenue	\$121784
Total Operating Revenue	\$40252095

4. Operating Expenses

Salaries and Wages	\$13032450	Employee Benefits	\$3016018
Depreciation and Amortization	\$931712	Interest Expense	\$-3370
Bad Debt	\$1362492	Other Expenses	\$6903884
Total Operating Expenses	\$25243186		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15008909	Total Assets	\$29194679
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$11587615

Total Net Gains	\$15008909
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43023531	\$14446307	\$28577224
Medicaid	\$6582861	\$3884941	\$2697920
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14687269	\$5832102	\$8855167
Total	\$64293661	\$24163350	\$40130311

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	\$168619
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$70820	
HCI Payments	\$0		
Subtotal	\$0	\$70820	\$-70820
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
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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

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