



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

Year End: 12/31/2016 (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	\$101926209
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$101926209

2. Deductions From Revenue

Contractual Allowance	\$77038101
Other Deductions	\$1796
Total Deductions	\$77039897

3. Total Operating Revenue

Net Patient Service Revenue	\$24886312
Other Operating Revenue	\$14142
Total Operating Revenue	\$24900454

4. Operating Expenses

Salaries and Wages	\$10262349	Employee Benefits	\$0
Depreciation and Amortization	\$251080	Interest Expense	\$0
Bad Debt	\$290357	Other Expenses	\$10712626
Total Operating Expenses	\$21516412		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1620308	Total Assets	\$28833250
Net Non-operating Gains over Loss	\$50065	Total Liabilities	\$4511148

Total Net Gains	\$1670373
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$69410636	\$53091934	\$16318702
Medicaid	\$7542975	\$5807250	\$1735725
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24972598	\$18140713	\$6831885
Total	\$101926209	\$77039897	\$24886312

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	\$42583
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$42583	
HCI Payments	\$0		
Subtotal	\$0	\$42583	\$-42583
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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