



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: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

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

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

Person Completing the Report: Joseph Saffa

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Medicare Provider Number: 15-3028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$74308626
Outpatient Patient Service Revenue	\$17757467
Total Gross Patient Service Revenue	\$92066093

2. Deductions From Revenue

Contractual Allowance	\$52477087
Other Deductions	\$0
Total Deductions	\$52477087

3. Total Operating Revenue

Net Patient Service Revenue	\$39589006
Other Operating Revenue	\$1771069
Total Operating Revenue	\$41360075

4. Operating Expenses

Salaries and Wages	\$19873738	Employee Benefits	\$7021404
Depreciation and Amortization	\$1778121	Interest Expense	\$342600
Bad Debt	\$542139	Other Expenses	\$10555372
Total Operating Expenses	\$40113374		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1214383	Total Assets	\$31922218
Net Non-operating Gains over Loss	\$318478	Total Liabilities	\$21065105

Total Net Gains	\$1532861
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44183291	\$30176875	\$14006416
Medicaid	\$7404473	\$5671923	\$1732550
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$40478327	\$16628061	\$23850266
Total	\$92066091	\$52476859	\$39589232

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2075	\$-2075

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$83744	\$-83744

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$111321	\$231430	\$-120109
Hospital Patients	\$11445	\$62045	\$-50600
Community Education	\$0	\$10689	\$-10689

Number of Medical Professionals Trained	83
Number of Hospital Patients Educated	348
Number of Citizens Exposed to Health Education Messages	300

Statement Six: Charity Statement
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Hospital Charity Charges	\$878065
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$356895	
HCI Payments	\$0		
Subtotal	\$0	\$356895	\$-356895
Medicaid Shortfalls	\$1732551	\$3009597	
Subtotal	\$1732551	\$3366492	\$-1633941
DSH Payments	\$0		
Subtotal	\$1732551	\$3366492	\$-1633941
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1732551	\$3366492	\$-1633941

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	\$11445	\$62045	\$-50600
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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