



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: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Joseph Saffa

Email Address: joseph.saffa@rhin.com

Medicare Provider Number: 15-3028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$91277446
Outpatient Patient Service Revenue	\$23151818
Total Gross Patient Service Revenue	\$114429264

2. Deductions From Revenue

Contractual Allowance	\$69196081
Other Deductions	\$0
Total Deductions	\$69196081

3. Total Operating Revenue

Net Patient Service Revenue	\$45233183
Other Operating Revenue	\$2228199
Total Operating Revenue	\$47461382

4. Operating Expenses

Salaries and Wages	\$24946252	Employee Benefits	\$7354572
Depreciation and Amortization	\$1705509	Interest Expense	\$257201
Bad Debt	\$221144	Other Expenses	\$11890315
Total Operating Expenses	\$46374993		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1086315	Total Assets	\$32858731
Net Non-operating Gains over Loss	\$62897	Total Liabilities	\$17873590

Total Net Gains	\$1149212
-----------------	-----------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$56520934	\$37867690	\$18653244
Medicaid	\$16214598	\$13088752	\$3125846
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$41693731	\$18239638	\$23454093
Total	\$114429263	\$69196080	\$45233183

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$11250	\$-11250

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$78409	\$-78409

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$207971	\$-207971
Hospital Patients	\$0	\$0	\$0
Community Education	\$24509	\$65790	\$-41281

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	28984
Number of Citizens Exposed to Health Education Messages	3000

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$206304
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$79230	
Subtotal	\$0	\$79230	\$-79230
DSH Payments	\$0		
Subtotal	\$0	\$79230	\$-79230
Medicare Shortfalls	\$0	\$3101295	
Other Government Programs	\$0	\$0	
Total	\$0	\$3180525	\$-3180525

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$24509	\$363420	\$-338911
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//