



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: PAM HEALTH REHABILITATION HOSPITAL OF GREATER INDI

City of Hospital: Clarksville

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: David Muller

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Medicare Provider Number: 15-3046

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26100321
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$26100321

2. Deductions From Revenue

Contractual Allowance	\$11152636
Other Deductions	\$0
Total Deductions	\$11152636

3. Total Operating Revenue

Net Patient Service Revenue	\$14947685
Other Operating Revenue	\$-1273
Total Operating Revenue	\$14946412

4. Operating Expenses

Salaries and Wages	\$5159289	Employee Benefits	\$712330
Depreciation and Amortization	\$551615	Interest Expense	\$110590
Bad Debt	\$305948	Other Expenses	\$4934626
Total Operating Expenses	\$11774398		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3172014	Total Assets	\$21572737
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$20499128
Total Net Gains	\$3172014		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20487102	\$8064720	\$12422382
Medicaid	\$89897	\$79900	\$9997
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$5523322	\$3008016	\$2515306
Total	\$26100321	\$11152636	\$14947685

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	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	\$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

	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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