



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

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

Person Completing the Report: Marjorie Basey

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Medicare Provider Number: 153028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$96664378	Contractual Allowance	\$72556871
Outpatient Patient Service Revenue	\$22321290	Other Deductions	\$806089
Total Gross Patient Service Revenue	\$118985668	Total Deductions	\$73362960

3. Total Operating Revenue	
Net Patient Service Revenue	\$45622708
Other Operating Revenue	\$2284486
Total Operating Revenue	\$47907194

4. Operating Expenses

Salaries and Wages	\$25301132	Employee Benefits	\$8400761
Depreciation and Amortization	\$1737782	Interest Expense	\$252191
Bad Debt	\$171324	Other Expenses	\$11315663
Total Operating Expenses	\$47178853		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$728341	Total Assets	\$32642275
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$15174530
Total Net Gains	\$728341		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$53905711	\$35894274	\$18011437
Medicaid	\$24733579	\$19762564	\$4971015
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$40346378	\$16900033	\$23446345
Total	\$118985668	\$72556871	\$46428797

#### Statement Three: Donations Statement

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

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

Statement Five: Education Statement
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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
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$400993	
HCI Payments	\$0		
Subtotal	\$0	\$400993	\$-400993
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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