



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: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

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

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

Person Completing the Report: Kelly Kennedy

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Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8319179
Outpatient Patient Service Revenue	\$113270240
Total Gross Patient Service Revenue	\$121589419

2. Deductions From Revenue

Contractual Allowance	\$70442619
Other Deductions	\$630883
Total Deductions	\$71073502

3. Total Operating Revenue

Net Patient Service Revenue	\$50515917
Other Operating Revenue	\$5667458
Total Operating Revenue	\$56183375

4. Operating Expenses

Salaries and Wages	\$20286748	Employee Benefits	\$4730533
Depreciation and Amortization	\$1942468	Interest Expense	\$129241
Bad Debt	\$5123136	Other Expenses	\$16955468
Total Operating Expenses	\$49167594		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7015781	Total Assets	\$47541909
Net Non-operating Gains over Loss	\$468344	Total Liabilities	\$24217314

Total Net Gains	\$7484125
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$62407481	\$40297448	\$22110033
Medicaid	\$23039936	\$28897240	\$-5857304
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36142002	\$1878814	\$34263188
Total	\$121589419	\$71073502	\$50515917

Statement Three: Donations Statement
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	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	\$84296	\$-84296
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	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$984,933		
Subtotal	\$984,933	\$0	\$984,933
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$984,933	\$0	\$984,933

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	\$1323	\$-1323
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments