



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: BLUFFTON REGIONAL MEDICAL CENTER

City of Hospital: Bluffton

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Sherry Knight

Email Address: sherry.knight@blufftonregional.com

Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$49477805
Outpatient Patient Service Revenue	\$166241579
Total Gross Patient Service Revenue	\$215719384

2. Deductions From Revenue

Contractual Allowance	\$173092073
Other Deductions	\$0
Total Deductions	\$173092073

3. Total Operating Revenue

Net Patient Service Revenue	\$42627311
Other Operating Revenue	\$190195
Total Operating Revenue	\$42817506

4. Operating Expenses

Salaries and Wages	\$12555017	Employee Benefits	\$3526349
Depreciation and Amortization	\$4121214	Interest Expense	\$47029
Bad Debt	\$1847107	Other Expenses	\$19429443
Total Operating Expenses	\$41526159		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1291347	Total Assets	\$28259804
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$35905541
Total Net Gains	\$1291347		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46273071	\$40362798	\$5910273
Medicaid	\$44730987	\$37697445	\$7033542
Other Government	\$3047634	\$2692225	\$355409
Other State	\$0	\$0	\$0
Other Payers	\$121667692	\$92339605	\$29328087
Total	\$215719384	\$173092073	\$42627311

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	\$335240
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$73018	
HCI Payments	\$0		
Subtotal	\$0	\$73018	\$-73018
Medicaid Shortfalls	\$7033542	\$9742838	
Subtotal	\$7033542	\$9815856	\$-2782314
DSH Payments	\$0		

Subtotal	\$7033542	\$9815856	\$-2782314
Medicare Shortfalls	\$5910273	\$10078718	
Other Government Programs	\$355408	\$633804	
Total	\$13299223	\$20528378	\$-7229155

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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