



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: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (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	\$84081803
Outpatient Patient Service Revenue	\$21316548
<b>Total Gross Patient Service Revenue</b>	<b>\$105398351</b>

2. Deductions From Revenue

Contractual Allowance	\$62405088
Other Deductions	\$462129
<b>Total Deductions</b>	<b>\$62867217</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$42531134
Other Operating Revenue	\$2031137
<b>Total Operating Revenue</b>	<b>\$44562271</b>

4. Operating Expenses

Salaries and Wages	\$22472201	Employee Benefits	\$7212181
Depreciation and Amortization	\$1608191	Interest Expense	\$411403
Bad Debt	\$395662	Other Expenses	\$10607666
<b>Total Operating Expenses</b>	<b>\$42707304</b>		

5. Net Revenue and Expenses

--	--	--	--

Excess Revenue over Expenses	\$1854967	Total Assets	\$32385247
Net Non-operating Gains over Loss	\$137923	Total Liabilities	\$18549392
Total Net Gains	\$1992890		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$55057864	\$37144181	\$17913683
Medicaid	\$22227219	\$8997105	\$13230114
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28113269	\$16725363	\$11387906
Total	\$105398352	\$62866649	\$42531703

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$13275	\$-13275

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$71184	\$-71184

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$223483	\$-223483
Hospital Patients	\$0	\$0	\$0
Community Education	\$8865	\$62748	\$-53883

Number of Medical Professionals Trained

4

Number of Hospital Patients Educated	970
Number of Citizens Exposed to Health Education Messages	9688

Statement Six: Charity Statement

Hospital Charity Charges	\$887907
--------------------------	----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$341055	
HCI Payments	\$0		
Subtotal	\$0	\$341055	\$-341055
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$1911259	\$4160834	
Other Government Programs	\$0	\$0	
Total	\$1911259	\$4160834	\$-2249575

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

