



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-3025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$47021613
Outpatient Patient Service Revenue	\$3903236
Total Gross Patient Service Revenue	\$50924849

2. Deductions From Revenue

Contractual Allowance	\$25360668
Other Deductions	\$0
Total Deductions	\$25360668

3. Total Operating Revenue

Net Patient Service Revenue	\$25564180
Other Operating Revenue	\$124730
Total Operating Revenue	\$25688910

4. Operating Expenses

Salaries and Wages	\$9621681	Employee Benefits	\$1721178
Depreciation and Amortization	\$271108	Interest Expense	\$0
Bad Debt	\$304032	Other Expenses	\$6401223
Total Operating Expenses	\$18319222		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7369688	Total Assets	\$19313769
Net Non-operating Gains over Loss	\$-1508224	Total Liabilities	\$6619890
Total Net Gains	\$5861464		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$33252798	\$16435266	\$16817532
Medicaid	\$3220152	\$2326592	\$893560
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14451898	\$6598810	\$7853088
Total	\$50924848	\$25360668	\$25564180

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	\$436659
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$155686	
HCI Payments	\$0		
Subtotal	\$0	\$155686	\$-155686
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