



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

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

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

Medicare Provider Number: 153028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$68365246	Contractual Allowance	\$43762199
Outpatient Patient Service Revenue	\$13159453	Other Deductions	\$0
Total Gross Patient Service Revenue	\$81524699	Total Deductions	\$43762199

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$37762500
Other Operating Revenue	\$423093
Total Operating Revenue	\$38185593

4. Operating Expenses

Salaries and Wages	\$17733900	Employee Benefits	\$6018618
Depreciation and Amortization	\$1001632	Interest Expense	\$705035
Bad Debt	\$536237	Other Expenses	\$10821232
Total Operating Expenses	\$36816654		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1368939	Total Assets	\$25774515
Net Non-operating Gains over Loss	\$-459633	Total Liabilities	\$23009431
Total Net Gains	\$909306		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$34401116	\$19825136	\$14575980
Medicaid	\$10955027	\$6532867	\$4422160
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36168557	\$17404196	\$18764361
Total	\$81524700	\$43762199	\$37762501

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$112452	\$11514	\$100938

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$491392	\$527389	\$-35997

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$70067	\$347673	\$-277606
Hospital Patients	\$0	\$0	\$0
Community Education	\$12240	\$34098	\$-21858

Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	124

Statement Six: Charity Statement

Hospital Charity Charges	\$3084565
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1380292	
HCI Payments	\$0		
Subtotal	\$0	\$1380292	\$-1380292
Medicaid Shortfalls	\$1130852	\$4896897	
Subtotal	\$1130852	\$6277189	\$-5146337
DSH Payments	\$0		
Subtotal	\$1130852	\$6277189	\$-5146337
Medicare Shortfalls	\$11857098	\$15377298	
Other Government Programs	\$0	\$0	
Total	\$12987950	\$21654487	\$-8666537

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