



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: TERRE HAUTE REGIONAL HOSPITAL

City of Hospital: Terre Haute

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

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

Medicare Provider Number: 150046

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$230859478
Outpatient Patient Service Revenue	\$231105250
Total Gross Patient Service Revenue	\$461964728

2. Deductions From Revenue

Contractual Allowance	\$339433083
Other Deductions	\$0
Total Deductions	\$339433083

3. Total Operating Revenue

Net Patient Service Revenue	\$115016801
Other Operating Revenue	\$531961
Total Operating Revenue	\$115548762

4. Operating Expenses

Salaries and Wages	\$35411380	Employee Benefits	\$9548231
Depreciation and Amortization	\$5410944	Interest Expense	\$-8153792
Bad Debt	\$8046804	Other Expenses	\$49583180
Total Operating Expenses	\$99846747		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15170054	Total Assets	\$63961550
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0
Total Net Gains	\$15170054		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$221288774	\$177771570	\$43517204
Medicaid	\$37485237	\$33920946	\$3564291
Other Government	\$19528024	\$16824736	\$2703288
Other State	\$0	\$0	\$0
Other Payers	\$183662693	\$110496715	\$73165978
Total	\$461964728	\$339013967	\$122950761

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$58080	\$-58080

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	\$21260	\$-21260
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	22
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$951686
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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	\$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