



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: PORTER REGIONAL HOSPITAL

City of Hospital: Valparaiso

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Adrienne Bryan

Email Address: adrienne.bryan@porterhealth.com

Medicare Provider Number: 15-0035

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$627619041
Outpatient Patient Service Revenue	\$658582021
Total Gross Patient Service Revenue	\$1286201062

2. Deductions From Revenue

Contractual Allowance	\$971186883
Other Deductions	\$0
Total Deductions	\$971186883

3. Total Operating Revenue

Net Patient Service Revenue	\$315014179
Other Operating Revenue	\$2383791
Total Operating Revenue	\$317397970

4. Operating Expenses

Salaries and Wages	\$82856312	Employee Benefits	\$17705768
Depreciation and Amortization	\$16356216	Interest Expense	\$16049876
Bad Debt	\$22218578	Other Expenses	\$129291037
Total Operating Expenses	\$284477787		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$35920183	Total Assets	\$301136680
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$86277984
Total Net Gains	\$35920183		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$514690311	\$436182252	\$78508059
Medicaid	\$105034697	\$90964332	\$14070365
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$666476054	\$444040299	\$222435755
Total	\$1286201062	\$971186883	\$315014179

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$104711	\$-104711

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	\$322979	\$-322979
Community Education	\$32316	\$375395	\$-343079

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Number of Medical Professionals Trained	420
Number of Hospital Patients Educated	13387
Number of Citizens Exposed to Health Education Messages	103583

Statement Six: Charity Statement

Hospital Charity Charges	\$5859838
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$43578156	
HCI Payments	\$0		
Subtotal	\$0	\$43578156	\$-43578156
Medicaid Shortfalls	\$14070366	\$20634299	
Subtotal	\$14070366	\$64212455	\$-50142089
DSH Payments	\$0		
Subtotal	\$14070366	\$64212455	\$-50142089
Medicare Shortfalls	\$92412299	\$119209583	
Other Government Programs	\$0	\$0	
Total	\$106482665	\$183422038	\$-76939373

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$246000	\$-246000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$136517	\$4590622	\$-4454105
Other Allocations	\$0	\$0	\$0

Comments



