



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: REID HOSPITAL & HEALTH CARE SERVICES, INC.

City of Hospital: Richmond

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

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

Person Completing the Report: Greg Turner

Email Address: gregory.turner@reidhospital.org

Medicare Provider Number: 15-0048

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

Inpatient Patient Service Revenue	\$308633282
Outpatient Patient Service Revenue	\$449757715
Total Gross Patient Service Revenue	\$758390997

## 2. Deductions From Revenue

Contractual Allowance	\$335769265
Other Deductions	\$58571025
Total Deductions	\$394340290

## 3. Total Operating Revenue

Net Patient Service Revenue	\$327500495
Other Operating Revenue	\$14179412
Total Operating Revenue	\$341679907

## 4. Operating Expenses

Salaries and Wages	\$117422379	Employee Benefits	\$35491171
Depreciation and Amortization	\$30211471	Interest Expense	\$8043279
Bad Debt	\$36550212	Other Expenses	\$165558896
Total Operating Expenses	\$393277408		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-15047289	Total Assets	\$635614268
Net Non-operating Gains over Loss	\$28514595	Total Liabilities	\$234482126
Total Net Gains	\$13467306		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$363313588	\$219300404	\$144013184
Medicaid	\$69344816	\$48543110	\$20801706
Other Government	\$9800735	\$2520968	\$7279767
Other State	\$5669141	\$4057075	\$1612066
Other Payers	\$153816896	\$10070674	\$143746222
Total	\$601945176	\$284492231	\$317452945

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$55366	\$447107	\$-391741

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	\$47750	\$241230	\$-193480
Hospital Patients	\$0	\$1027628	\$-1027628
Community Education	\$0	\$63858	\$-63858

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Number of Medical Professionals Trained	7
Number of Hospital Patients Educated	23224
Number of Citizens Exposed to Health Education Messages	2470

Statement Six: Charity Statement
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Hospital Charity Charges	\$24937530
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$13037490	
HCI Payments	\$0		
Subtotal	\$0	\$13037490	\$-13037490
Medicaid Shortfalls	\$16977497	\$38614401	
Subtotal	\$16977497	\$51651891	\$-34674394
DSH Payments	\$0		
Subtotal	\$16977497	\$51651891	\$-34674394
Medicare Shortfalls	\$115664748	\$140370477	
Other Government Programs	\$0	\$0	
Total	\$132642245	\$192022368	\$-59380123

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$374279	\$-374279
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$186833	\$-186833
Other Allocations	\$0	\$0	\$0

Comments



