



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: COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL, LLC

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	
Outpatient Patient Service Revenue	
<b>Total Gross Patient Service Revenue</b>	<b>\$47618674</b>

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
<b>Total Deductions</b>	<b>\$26155597</b>

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
<b>Total Operating Revenue</b>	<b>\$21520438</b>

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
<b>Total Operating Expenses</b>	<b>\$18141972</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$3378466		

**Statement Two: Contractual Allowance**

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$12357571
Medicaid			\$1564054
Other Government			\$0
Other State			\$0
Other Payers			\$7541452
Total	\$47618674	\$26155597	\$21463077

**Statement Three: Donations Statement**

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

**Statement Four: Research Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research			\$0

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$0
Hospital Patients			\$0
Community Education			\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	

Number of Citizens Exposed to Health Education Messages	
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**Statement Six: Charity Statement**

**Hospital Charity Charges**

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$218697	\$-218697
Medicaid Shortfalls			
Subtotal	\$0	\$0	\$0
DSH Payments			
Subtotal	\$0	\$0	\$0
Medicare Shortfalls			
Other Government Programs			
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
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$0

Comments