



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, IN

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Greg Turner

Email Address: gregory.turner@reidhospital.org

Medicare Provider Number: 150048

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$266044748
Outpatient Patient Service Revenue	\$529638592
Total Gross Patient Service Revenue	\$795683340

2. Deductions From Revenue

Contractual Allowance	\$366973511
Other Deductions	\$25883294
Total Deductions	\$392856805

3. Total Operating Revenue

Net Patient Service Revenue	\$357217688
Other Operating Revenue	\$14605813
Total Operating Revenue	\$371823501

4. Operating Expenses

Salaries and Wages	\$128105823	Employee Benefits	\$38289943
Depreciation and Amortization	\$26997780	Interest Expense	\$7912106
Bad Debt	\$45608847	Other Expenses	\$172556751
Total Operating Expenses	\$419471250		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2038901	Total Assets	\$638340946
Net Non-operating Gains over Loss	\$8687779	Total Liabilities	\$234934228
Total Net Gains	\$6648878		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$439098320	\$193715553	\$245382767
Medicaid	\$95212472	\$49186245	\$46026227
Other Government	\$12766725	\$0	\$12766725
Other State	\$0	\$0	\$0
Other Payers	\$257278739	\$1158793	\$256119946
Total	\$804356256	\$244060591	\$560295665

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$606304	\$1119003	\$-512699

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	\$77544	\$-77544
Hospital Patients	\$0	\$16445	\$-16445
Community Education	\$0	\$27803	\$-27803

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Number of Medical Professionals Trained	1275
Number of Hospital Patients Educated	1597
Number of Citizens Exposed to Health Education Messages	2040

Statement Six: Charity Statement

Hospital Charity Charges	\$25830747
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8068492	
HCI Payments	\$0		
Subtotal	\$0	\$8068492	\$-8068492
Medicaid Shortfalls	\$17724498	\$28840833	
Subtotal	\$17724498	\$36909325	\$-19184827
DSH Payments	\$0		
Subtotal	\$17724498	\$36909325	\$-19184827
Medicare Shortfalls	\$42663692	\$205982829	
Other Government Programs	\$0	\$0	
Total	\$60388190	\$242892154	\$-182503964

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$956563	\$-956563
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$196548	\$-196548
Other Allocations	\$0	\$0	\$0

Comments