



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: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

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

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

Person Completing the Report: Rhonda Ramsey

Email Address: rhonda.ramsey@healthsouth.com

Medicare Provider Number: 15-3025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60077918
Outpatient Patient Service Revenue	\$2964896
Total Gross Patient Service Revenue	\$63042814

2. Deductions From Revenue

Contractual Allowance	\$30593630
Other Deductions	\$0
Total Deductions	\$30593630

3. Total Operating Revenue

Net Patient Service Revenue	\$32449184
Other Operating Revenue	\$121939
Total Operating Revenue	\$32571123

4. Operating Expenses

Salaries and Wages	\$11308287	Employee Benefits	\$2358167
Depreciation and Amortization	\$586839	Interest Expense	\$-1695
Bad Debt	\$335214	Other Expenses	\$6003610
Total Operating Expenses	\$20590422		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11980701	Total Assets	\$23710754
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$8225277

Total Net Gains	\$11980701
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46671594	\$22549903	\$24121691
Medicaid	\$4225732	\$2979449	\$1246283
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12145488	\$5064278	\$7081210
Total	\$63042814	\$30593630	\$32449184

Statement Three: Donations Statement

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

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	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$400221
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$143514	
HCI Payments	\$0		
Subtotal	\$0	\$143514	\$-143514
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

Comments

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