



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: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

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

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

Person Completing the Report: Ashley Kinder

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Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5948094
Outpatient Patient Service Revenue	\$51638268
Total Gross Patient Service Revenue	\$57586362

2. Deductions From Revenue

Contractual Allowance	\$27750650
Other Deductions	\$858366
Total Deductions	\$28609016

3. Total Operating Revenue

Net Patient Service Revenue	\$28977346
Other Operating Revenue	\$982644
Total Operating Revenue	\$29959990

4. Operating Expenses

Salaries and Wages	\$12675354	Employee Benefits	\$2704570
Depreciation and Amortization	\$1366722	Interest Expense	\$275103
Bad Debt	\$3561363	Other Expenses	\$10848986
Total Operating Expenses	\$31432098		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1472107	Total Assets	\$24308383
Net Non-operating Gains over Loss	\$1405388	Total Liabilities	\$13749022

Total Net Gains	\$-66719
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24067539	\$14503050	\$9564489
Medicaid	\$7482476	\$4349610	\$3132866
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26036347	\$9756356	\$16279991
Total	\$57586362	\$28609016	\$28977346

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	\$22399	\$-22399
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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$183,566		
Subtotal	\$183566	\$0	\$183566
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$183566	\$0	\$183566

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7046	\$-7046
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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