



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: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (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	\$6349566
Outpatient Patient Service Revenue	\$58594719
Total Gross Patient Service Revenue	\$64944285

2. Deductions From Revenue

Contractual Allowance	\$33932120
Other Deductions	\$492437
Total Deductions	\$34424557

3. Total Operating Revenue

Net Patient Service Revenue	\$30519728
Other Operating Revenue	\$1042717
Total Operating Revenue	\$31562445

4. Operating Expenses

Salaries and Wages	\$12140235	Employee Benefits	\$2747525
Depreciation and Amortization	\$1809479	Interest Expense	\$296028
Bad Debt	\$3137075	Other Expenses	\$10901634
Total Operating Expenses	\$31031976		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$530470	Total Assets	\$24096687
Net Non-operating Gains over Loss	\$387248	Total Liabilities	\$12529461

Total Net Gains	\$917718
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28269008	\$17494576	\$10774432
Medicaid	\$7724618	\$5949439	\$1775179
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28950659	\$10980542	\$17970117
Total	\$64944285	\$34424557	\$30519728

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	\$14520	\$-14520
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	\$525,299		
Subtotal	\$525,299	\$0	\$525,299
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$525,299	\$0	\$525,299

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1,970	\$-1,970
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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