



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: BLUFFTON REGIONAL MEDICAL CENTER

City of Hospital: Bluffton

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Bluffton Regionalmedicalcentercarecenter

Email Address: blffsdoh@blufftonregional.com

Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$65318116
Outpatient Patient Service Revenue	\$109163304
Total Gross Patient Service Revenue	\$174481420

2. Deductions From Revenue

Contractual Allowance	\$138971415
Other Deductions	\$374903
Total Deductions	\$139346318

3. Total Operating Revenue

Net Patient Service Revenue	\$35135102
Other Operating Revenue	\$355282
Total Operating Revenue	\$35490384

4. Operating Expenses

Salaries and Wages	\$11985045	Employee Benefits	\$3179895
Depreciation and Amortization	\$3572957	Interest Expense	\$39805
Bad Debt	\$2621057	Other Expenses	\$15087477
Total Operating Expenses	\$36486236		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-995852	Total Assets	\$33048558
Net Non-operating Gains over Loss	\$-359666	Total Liabilities	\$29121655

Total Net Gains	\$-1355518
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$54559543	\$47501932	\$7057611
Medicaid	\$28461502	\$23351133	\$5110369
Other Government	\$99808	\$3362204	\$-3262396
Other State	\$0	\$0	\$0
Other Payers	\$91360568	\$65131049	\$26229519
Total	\$174481421	\$139346318	\$35135103

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	\$354994
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$69633	
HCI Payments	\$0		
Subtotal	\$0	\$69633	\$-69633
Medicaid Shortfalls	\$5110369	\$5582775	
Subtotal	\$5110369	\$5652408	\$-542039
DSH Payments	\$0		
Subtotal	\$5110369	\$5652408	\$-542039
Medicare Shortfalls	\$7057610	\$10701953	
Other Government Programs	\$0	\$0	
Total	\$12167979	\$16354361	\$-4186382

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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