



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: COLUMBUS REGIONAL HOSPITAL

City of Hospital: Columbus

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

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

Person Completing the Report: Laura Hole

Email Address: lhole@crh.org

Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$328437105
Outpatient Patient Service Revenue	\$428542359
Total Gross Patient Service Revenue	\$756979464

2. Deductions From Revenue

Contractual Allowance	\$343520648
Other Deductions	\$8367462
Total Deductions	\$351888110

3. Total Operating Revenue

Net Patient Service Revenue	\$405091354
Other Operating Revenue	\$6129978
Total Operating Revenue	\$411221332

4. Operating Expenses

Salaries and Wages	\$113114405	Employee Benefits	\$29841120
Depreciation and Amortization	\$19335659	Interest Expense	\$1580974
Bad Debt	\$13968053	Other Expenses	\$215398775
Total Operating Expenses	\$393238986		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17982346	Total Assets	\$445637220
Net Non-operating Gains over Loss	\$6816553	Total Liabilities	\$121960133

Total Net Gains	\$24798899
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$310782682	\$199711581	\$111071101
Medicaid	\$139732550	\$54299402	\$85433148
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$306464232	\$97877127	\$208587105
Total	\$756979464	\$351888110	\$405091354

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$866208	\$-866208

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$3000	\$0	\$3000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$588891	\$1618715	\$-1029824
Hospital Patients	\$147270	\$399370	\$-252100
Community Education	\$0	\$626039	\$-626039

Number of Medical Professionals Trained	696
Number of Hospital Patients Educated	2154
Number of Citizens Exposed to Health Education Messages	47000

Statement Six: Charity Statement

Hospital Charity Charges	\$10030145
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4104335	
HCI Payments	\$0		
Subtotal	\$0	\$4104335	\$-4104335
Medicaid Shortfalls	\$15191969	\$34914553	
Subtotal	\$15191969	\$34914553	\$-19722584
DSH Payments	\$3,575,554		
Subtotal	\$18767523	\$34914553	\$-16147030
Medicare Shortfalls	\$82954742	\$111867230	
Other Government Programs	\$0	\$0	
Total	\$101722265	\$146781783	\$-45059518

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1203284	\$-1203284
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$227397	\$-227397
Other Allocations	\$0	\$0	\$0

Comments

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