



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: REID HOSPITAL & HEALTH CARE SERVICES, INC.

City of Hospital: Richmond

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

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

Person Completing the Report: Greg Turner

Email Address: gregory.turner@reidhealth.org

Medicare Provider Number: 150048

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$264250679
Outpatient Patient Service Revenue	\$487704846
Total Gross Patient Service Revenue	\$751955525

2. Deductions From Revenue

Contractual Allowance	\$370578058
Other Deductions	\$24117108
Total Deductions	\$394695166

3. Total Operating Revenue

Net Patient Service Revenue	\$334177504
Other Operating Revenue	\$22650097
Total Operating Revenue	\$356827601

4. Operating Expenses

Salaries and Wages	\$97505032	Employee Benefits	\$26927740
Depreciation and Amortization	\$27313363	Interest Expense	\$6015613
Bad Debt	\$23082855	Other Expenses	\$147311330
Total Operating Expenses	\$328155933		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$51754522	Total Assets	\$676832592
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$283140633

Total Net Gains	\$51754522
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$416740797	\$272066484	\$144674313
Medicaid	\$123749081	\$82608867	\$41140214
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$211465302	\$15902707	\$195562595
Total	\$751955180	\$370578058	\$381377122

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$8043589	\$1202056	\$6841533

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	\$83231	\$-83231
Hospital Patients	\$0	\$136293	\$-136293
Community Education	\$0	\$76143	\$-76143

Number of Medical Professionals Trained	1500
Number of Hospital Patients Educated	1099
Number of Citizens Exposed to Health Education Messages	15036

Statement Six: Charity Statement

Hospital Charity Charges	\$10129399
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2962353	
HCI Payments	\$0		
Subtotal	\$0	\$2962353	\$-2962353
Medicaid Shortfalls	\$12898869	\$15054961	
Subtotal	\$12898869	\$18017314	\$-5118445
DSH Payments	\$0		
Subtotal	\$12898869	\$18017314	\$-5118445
Medicare Shortfalls	\$107360503	\$214377608	
Other Government Programs	\$0	\$0	
Total	\$120259372	\$232394922	\$-112135550

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$11159	\$1311438	\$-1300279
Community Assessment	\$0	\$153626	\$-153626
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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