



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 HEALTH

City of Hospital: Columbus

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Roshni Patel

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Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$390850660
Outpatient Patient Service Revenue	\$559719399
Total Gross Patient Service Revenue	\$950570059

2. Deductions From Revenue

Contractual Allowance	\$472349285
Other Deductions	\$15172508
Total Deductions	\$487521793

3. Total Operating Revenue

Net Patient Service Revenue	\$463048266
Other Operating Revenue	\$7706041
Total Operating Revenue	\$470754307

4. Operating Expenses

Salaries and Wages	\$135215228	Employee Benefits	\$34123020
Depreciation and Amortization	\$24196493	Interest Expense	\$2118575
Bad Debt	\$13120708	Other Expenses	\$267826374
Total Operating Expenses	\$476600398		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5846091	Total Assets	\$464230530
Net Non-operating Gains over Loss	\$24703961	Total Liabilities	\$464230530

Total Net Gains	\$18857870
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$437452982	\$294798051	\$142654931
Medicaid	\$185182583	\$75402101	\$109780482
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$327934494	\$117321641	\$210612853
Total	\$950570059	\$487521793	\$463048266

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$138500	\$-138500

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$666064	\$1744113	\$-1078049
Hospital Patients	\$314560	\$393513	\$-78953
Community Education	\$0	\$625113	\$-625113

Number of Medical Professionals Trained	185
Number of Hospital Patients Educated	3855
Number of Citizens Exposed to Health Education Messages	47622

Statement Six: Charity Statement
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Hospital Charity Charges	\$15576208
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7037829	
HCI Payments	\$0		
Subtotal	\$0	\$7037829	\$-7037829
Medicaid Shortfalls	\$10455863	\$41213195	
Subtotal	\$10455863	\$48251024	\$-37795161
DSH Payments	\$7,151,109		
Subtotal	\$17606972	\$48251024	\$-30644052
Medicare Shortfalls	\$105848991	\$146466634	
Other Government Programs	\$0	\$0	
Total	\$123455963	\$194717658	\$-71261695

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	\$1752760	\$-1752760
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$230045	\$-230045
Other Allocations	\$0	\$0	\$0

Comments

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