



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: SOUTHERN INDIANA REHABILITATION HOSPITAL

City of Hospital: New Albany

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Jill Bosa

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Medicare Provider Number: 15-3037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41271284
Outpatient Patient Service Revenue	\$9081436
Total Gross Patient Service Revenue	\$50352720

2. Deductions From Revenue

Contractual Allowance	\$31310908
Other Deductions	\$0
Total Deductions	\$31310908

3. Total Operating Revenue

Net Patient Service Revenue	\$19041812
Other Operating Revenue	\$600939
Total Operating Revenue	\$19642751

4. Operating Expenses

Salaries and Wages	\$9256613	Employee Benefits	\$2139256
Depreciation and Amortization	\$382640	Interest Expense	\$437205
Bad Debt	\$42092	Other Expenses	\$7384944
Total Operating Expenses	\$19642750		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$7526090
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$7526090
Total Net Gains	\$0		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$30444174	\$16743560	\$13700614
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19804784	\$14567348	\$5237436
Total	\$50248958	\$31310908	\$18938050

#### 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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments