



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: REGENCY HOSPITAL OF NORTHWEST INDIANA

City of Hospital: Portage, East Chicago

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Dave Huffman

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Medicare Provider Number: 15204

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$116476897
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$116476897

2. Deductions From Revenue

Contractual Allowance	\$92891076
Other Deductions	\$308458
Total Deductions	\$93199534

3. Total Operating Revenue

Net Patient Service Revenue	\$23277363
Other Operating Revenue	\$7089
Total Operating Revenue	\$23284452

4. Operating Expenses

Salaries and Wages	\$10593759	Employee Benefits	\$1814692
Depreciation and Amortization	\$204303	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$9928879
Total Operating Expenses	\$22541633		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$742819	Total Assets	\$32155934
Net Non-operating Gains over Loss	\$159817	Total Liabilities	\$5152790
Total Net Gains	\$902636		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$73568432	\$59120811	\$14447621
Medicaid	\$13644906	\$10987863	\$2657043
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29263559	\$23090860	\$6172699
Total	\$116476897	\$93199534	\$23277363

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
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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

	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

