



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: INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL

City of Hospital: City of Monticello

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Vadana (Dana) Patel

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Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8660039
Outpatient Patient Service Revenue	\$51697935
Total Gross Patient Service Revenue	\$60357974

2. Deductions From Revenue

Contractual Allowance	\$27512142
Other Deductions	\$4436086
Total Deductions	\$31948228

3. Total Operating Revenue

Net Patient Service Revenue	\$29552788
Other Operating Revenue	\$1121578
Total Operating Revenue	\$30674366

4. Operating Expenses

Salaries and Wages	\$7897962	Employee Benefits	\$3004474
Depreciation and Amortization	\$5882421	Interest Expense	\$891834
Bad Debt	\$2451979	Other Expenses	\$6054969
Total Operating Expenses	\$26183639		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$4490727	Total Assets	\$46430227
Net Non-operating Gains over Loss	\$18415	Total Liabilities	\$46430226
Total Net Gains	\$4509142		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28509883	\$13407029	\$15102854
Medicaid	\$7938747	\$8212531	\$-273784
Other Government	\$1170626	\$950272	\$220354
Other State	\$0	\$0	\$0
Other Payers	\$22738718	\$9378396	\$13360322
Total	\$60357974	\$31948228	\$28409746

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1614.00	\$-1614

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$126051.00	\$-126051

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	2
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	1030

Statement Six: Charity Statement

Hospital Charity Charges	\$3864565.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1368210.00	
HCI Payments	\$0		
Subtotal	\$0	\$1368210.00	\$-1368210
Medicaid Shortfalls	\$3969217.00	\$4160230.00	
Subtotal	\$3969217	\$5528440	\$-1559223
DSH Payments	\$0		
Subtotal	\$3969217	\$5528440	\$-1559223
Medicare Shortfalls	\$12382943.00	\$11820303.00	
Other Government Programs	\$0	\$0	
Total	\$16352160	\$17348743	\$-996583

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