



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: LAPORTE HOSPITAL AND HEALTH SERVICES

City of Hospital: La Porte

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

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

Person Completing the Report: Steven Rudolph

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Medicare Provider Number: 150006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$193348834
Outpatient Patient Service Revenue	\$255026651
Total Gross Patient Service Revenue	\$448375485

2. Deductions From Revenue

Contractual Allowance	\$208904800
Other Deductions	\$67488341
Total Deductions	\$276393141

3. Total Operating Revenue

Net Patient Service Revenue	\$171982344
Other Operating Revenue	\$7603162
Total Operating Revenue	\$179585506

4. Operating Expenses

Salaries and Wages	\$54627200	Employee Benefits	\$14933157
Depreciation and Amortization	\$12244038	Interest Expense	\$961994
Bad Debt	\$16168694	Other Expenses	\$67139847
Total Operating Expenses	\$166074930		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13510576	Total Assets	\$217663869
Net Non-operating Gains over	\$1523825	Total Liabilities	\$35235038

Loss	
Total Net Gains	\$15034401

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$223137534	\$178937394	\$44200140
Medicaid	\$53300231	\$29967406	\$23332825
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$171937720	\$67488341	\$104449379
Total	\$448375485	\$276393141	\$171982344

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$523962	\$114839	\$409123

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$294591	\$-294591

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$744201	\$-744201
Hospital Patients	\$0	\$6647	\$-6647
Community Education	\$33034	\$404911	\$-371877

Number of Medical Professionals Trained	36
Number of Hospital Patients Educated	24486
Number of Citizens Exposed to Health Education Messages	45739

Statement Six: Charity Statement

Hospital Charity Charges	\$10539402
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4194471	
HCI Payments	\$0		
Subtotal	\$0	\$4194471	\$-4194471
Medicaid Shortfalls	\$18151608	\$22377158	
Subtotal	\$18151608	\$26571629	\$-8420021
DSH Payments	\$0		
Subtotal	\$18151608	\$26571629	\$-8420021
Medicare Shortfalls	\$36746778	\$48871462	
Other Government Programs	\$0	\$0	
Total	\$54898386	\$75443091	\$-20544705

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1189478	\$-1189478
Community Assessment	\$0	\$101048	\$-101048
Provision of Taxes	\$0	\$398571	\$-398571
Other Allocations	\$0	\$0	\$0

Comments