



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 ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Vadana (Dana) Patel

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Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$428326645
Outpatient Patient Service Revenue	\$896684824
Total Gross Patient Service Revenue	\$1325011469

2. Deductions From Revenue

Contractual Allowance	\$856010102
Other Deductions	\$38686637
Total Deductions	\$894696739

3. Total Operating Revenue

Net Patient Service Revenue	\$430314730
Other Operating Revenue	\$6380790
Total Operating Revenue	\$436695520

4. Operating Expenses

Salaries and Wages	\$152974253	Employee Benefits	\$31069830
Depreciation and Amortization	\$13094320	Interest Expense	\$12268683
Bad Debt	\$27697891	Other Expenses	\$135227931
Total Operating Expenses	\$372332908		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$64362612	Total Assets	\$354517675
Net Non-operating Gains over Loss	\$128290	Total Liabilities	\$354517675

Total Net Gains	\$64490902
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$556599947	\$440362853	\$116237094
Medicaid	\$162732099	\$142127625	\$20604474
Other Government	\$9993149	\$8731961	\$1261188
Other State	\$0	\$0	\$0
Other Payers	\$595686275	\$303474299	\$292211976
Total	\$1325011470	\$894696738	\$430314732

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$145302	\$-145302

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$6165	\$-6165

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1760548	\$-1760548
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	6
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	2715

Statement Six: Charity Statement

Hospital Charity Charges	\$38686637
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9733558	
HCI Payments	\$0		
Subtotal	\$0	\$9733558	\$-9733558
Medicaid Shortfalls	\$30203353	\$49027632	
Subtotal	\$30203353	\$58761190	\$-28557837
DSH Payments	\$0		
Subtotal	\$30203353	\$58761190	\$-28557837
Medicare Shortfalls	\$63664820	\$70617140	
Other Government Programs	\$0	\$0	
Total	\$93868173	\$129378330	\$-35510157

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

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