



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 BEDFORD HOSPITAL

City of Hospital: Bedford

Year Begin: 01/12/1515 (mm/dd/yyyy format)

Year End: 12/12/1515 (mm/dd/yyyy format)

Person Completing the Report: Vadana (Dana) Patel

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Medicare Provider Number: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$25277497
Outpatient Patient Service Revenue	\$130557116
Total Gross Patient Service Revenue	\$155834613

2. Deductions From Revenue

Contractual Allowance	\$100063567
Other Deductions	\$1899362
Total Deductions	\$101962929

3. Total Operating Revenue

Net Patient Service Revenue	\$53871684
Other Operating Revenue	\$1087138
Total Operating Revenue	\$54958822

4. Operating Expenses

Salaries and Wages	\$14717683	Employee Benefits	\$3511957
Depreciation and Amortization	\$2582652	Interest Expense	\$522887
Bad Debt	\$6840095	Other Expenses	\$20259070
Total Operating Expenses	\$48434344		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6524478	Total Assets	\$46109220
Net Non-operating Gains over Loss	\$-39628	Total Liabilities	\$46109220

Total Net Gains	\$6484850
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$80145815	\$57760505	\$22385310
Medicaid	\$23211380	\$21092660	\$2118720
Other Government	\$1416189	\$3184261	\$-1768072
Other State	\$0	\$0	\$0
Other Payers	\$51061230	\$19925504	\$31135726
Total	\$155834614	\$101962930	\$53871684

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$250	\$-250

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$44658	\$-44658
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	97

Statement Six: Charity Statement
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Hospital Charity Charges	\$1899362
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$494377	
HCI Payments	\$0		
Subtotal	\$0	\$494377	\$-494377
Medicaid Shortfalls	\$3022510	\$6963505	
Subtotal	\$3022510	\$7457882	\$-4435372
DSH Payments	\$0		
Subtotal	\$3022510	\$7457882	\$-4435372
Medicare Shortfalls	\$18396832	\$17854628	
Other Government Programs	\$0	\$0	
Total	\$21419342	\$25312510	\$-3893168

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	\$139917	\$-139917
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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