



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 BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

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: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$513542487
Outpatient Patient Service Revenue	\$637487012
Total Gross Patient Service Revenue	\$1151029499

2. Deductions From Revenue

Contractual Allowance	\$736271880
Other Deductions	\$18748106
Total Deductions	\$755019986

3. Total Operating Revenue

Net Patient Service Revenue	\$396009513
Other Operating Revenue	\$6838624
Total Operating Revenue	\$402848137

4. Operating Expenses

Salaries and Wages	\$106094191	Employee Benefits	\$28041720
Depreciation and Amortization	\$17077510	Interest Expense	\$1389322
Bad Debt	\$24511939	Other Expenses	\$152399065
Total Operating Expenses	\$329513747		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$73334390	Total Assets	\$517102508
Net Non-operating Gains over Loss	\$-1650606	Total Liabilities	\$517102508

Total Net Gains	\$71683784
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$520958818	\$411933086	\$109025732
Medicaid	\$177376877	\$153671123	\$23705754
Other Government	\$11549697	\$9989856	\$1559841
Other State	\$0	\$0	\$0
Other Payers	\$441144107	\$179425922	\$261718185
Total	\$1151029499	\$755019987	\$396009512

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$41760	\$-41760

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$490	\$-490

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$387057	\$-387057
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	7
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	31577

Statement Six: Charity Statement

Hospital Charity Charges	\$18748106
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4670153	
HCI Payments	\$0		
Subtotal	\$0	\$4670153	\$-4670153
Medicaid Shortfalls	\$37577955	\$56212435	
Subtotal	\$37577955	\$60882588	\$-23304633
DSH Payments	\$0		
Subtotal	\$37577955	\$60882588	\$-23304633
Medicare Shortfalls	\$90110548	\$100673235	
Other Government Programs	\$0	\$0	
Total	\$127688503	\$161555823	\$-33867320

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4177716	\$-4177716
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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