



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 TIPTON HOSPITAL

City of Hospital: City of Tipton

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: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$25604377
Outpatient Patient Service Revenue	\$70262591
Total Gross Patient Service Revenue	\$95866968

2. Deductions From Revenue

Contractual Allowance	\$52061539
Other Deductions	\$3728536
Total Deductions	\$55790075

3. Total Operating Revenue

Net Patient Service Revenue	\$40076893
Other Operating Revenue	\$1636815
Total Operating Revenue	\$41713708

4. Operating Expenses

Salaries and Wages	\$10227235	Employee Benefits	\$2555986
Depreciation and Amortization	\$1859931	Interest Expense	\$878345
Bad Debt	\$3090175	Other Expenses	\$17435610
Total Operating Expenses	\$36047282		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5666426	Total Assets	\$45643798
Net Non-operating Gains over Loss	\$60491	Total Liabilities	\$45643798

Total Net Gains	\$5726917
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46587206	\$27870875	\$18716331
Medicaid	\$11624645	\$10236317	\$1388328
Other Government	\$798150	\$305948	\$492202
Other State	\$0	\$0	\$0
Other Payers	\$36856967	\$17376935	\$19480032
Total	\$95866968	\$55790075	\$40076893

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5829	\$-5829

Statement Four: Research Statement

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

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$270872	\$-270872
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	8621

Statement Six: Charity Statement

Hospital Charity Charges	\$3728536
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1246232	
HCI Payments	\$0		
Subtotal	\$0	\$1246232	\$-1246232
Medicaid Shortfalls	\$1821623	\$4558956	
Subtotal	\$1821623	\$5805188	\$-3983565
DSH Payments	\$0		
Subtotal	\$1821623	\$5805188	\$-3983565
Medicare Shortfalls	\$14378041	\$13366080	
Other Government Programs	\$0	\$0	
Total	\$16199664	\$19171268	\$-2971604

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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