



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 WHITE MEMORIAL HOSPITAL

City of Hospital: City of Monticello

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

Email Address: vpatel4@iuhealth.org

Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8921525
Outpatient Patient Service Revenue	\$58869027
Total Gross Patient Service Revenue	\$67790552

2. Deductions From Revenue

Contractual Allowance	\$37687437
Other Deductions	\$6256411
Total Deductions	\$43943848

3. Total Operating Revenue

Net Patient Service Revenue	\$30871036
Other Operating Revenue	\$851116
Total Operating Revenue	\$31722152

4. Operating Expenses

Salaries and Wages	\$7329298	Employee Benefits	\$1766807
Depreciation and Amortization	\$1842608	Interest Expense	\$1141454
Bad Debt	\$2515647	Other Expenses	\$8797895
Total Operating Expenses	\$23393709		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8328443	Total Assets	\$54525226
Net Non-operating Gains over Loss	\$23709	Total Liabilities	\$54525226

Total Net Gains	\$8352152
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$33829042	\$19485137	\$14343905
Medicaid	\$11277599	\$10283501	\$994098
Other Government	\$741967	\$347250	\$394717
Other State	\$0	\$0	\$0
Other Payers	\$21941944	\$6803628	\$15138316
Total	\$67790552	\$36919516	\$30871036

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$105262	\$-105262

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	\$46735	\$-46735
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	2312

Statement Six: Charity Statement

Hospital Charity Charges	\$2744245
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$814968	
HCI Payments	\$0		
Subtotal	\$0	\$814968	\$-814968
Medicaid Shortfalls	\$5000596	\$3859447	
Subtotal	\$5000596	\$4674415	\$326181
DSH Payments	\$0		
Subtotal	\$5000596	\$4674415	\$326181
Medicare Shortfalls	\$10930295	\$10285990	
Other Government Programs	\$0	\$0	
Total	\$15930891	\$14960405	\$970486

Statement Seven: Subsidized Health Services for the Community

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

Comments

//