



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 UNIVERSITY HOSPITAL

City of Hospital: City of Indianapolis

Year Begin: 01/01/0015 (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: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4073383574
Outpatient Patient Service Revenue	\$3229720108
Total Gross Patient Service Revenue	\$7303103682

2. Deductions From Revenue

Contractual Allowance	\$4590624507
Other Deductions	\$150224421
Total Deductions	\$4740848928

3. Total Operating Revenue

Net Patient Service Revenue	\$2528671754
Other Operating Revenue	\$884565964
Total Operating Revenue	\$3413237718

4. Operating Expenses

Salaries and Wages	\$877571484	Employee Benefits	\$163640499
Depreciation and Amortization	\$149063889	Interest Expense	\$75692074
Bad Debt	\$27439523	Other Expenses	\$1639517197
Total Operating Expenses	\$2932924666		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$476708167	Total Assets	\$6913253236
Net Non-operating Gains over Loss	\$-20115704	Total Liabilities	\$6913255236

Total Net Gains	\$456592463
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2427064887	\$1908522735	\$518542152
Medicaid	\$1886968051	\$1590602103	\$296365948
Other Government	\$101552191	\$81420896	\$20131295
Other State	\$0	\$0	\$0
Other Payers	\$2887518554	\$1160303194	\$1727215360
Total	\$7303103683	\$4740848928	\$2562254755

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$13122934	\$-13122934

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$28243566	\$-28243566

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$62186657	\$-62186657
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	637
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	58716

Statement Six: Charity Statement

Hospital Charity Charges	\$228443404
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$78150489	
HCI Payments	\$0		
Subtotal	\$0	\$78150489	\$-78150489
Medicaid Shortfalls	\$517981553	\$695286991	
Subtotal	\$517981553	\$773437480	\$-255455927
DSH Payments	\$0		
Subtotal	\$517981553	\$773437480	\$-255455927
Medicare Shortfalls	\$414253529	\$420179179	
Other Government Programs	\$0	\$0	
Total	\$932235082	\$1193616659	\$-261381577

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7934256	\$-7934256
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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