



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: METHODIST HOSPITALS INC. (GARY)

City of Hospital: Gary and Merrillville Indiana

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Linda Milenkovski

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Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$601884977
Outpatient Patient Service Revenue	\$471579826
Total Gross Patient Service Revenue	\$1073464803

2. Deductions From Revenue

Contractual Allowance	\$770787765
Other Deductions	\$0
Total Deductions	\$770787765

3. Total Operating Revenue

Net Patient Service Revenue	\$346858732
Other Operating Revenue	\$0
Total Operating Revenue	\$346858732

4. Operating Expenses

Salaries and Wages	\$141901317	Employee Benefits	\$31843952
Depreciation and Amortization	\$18546289	Interest Expense	\$4025310
Bad Debt	\$23804759	Other Expenses	\$124583973
Total Operating Expenses	\$344705600		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2153133	Total Assets	\$368449983
Net Non-operating Gains over Loss	\$-1198667	Total Liabilities	\$0

Total Net Gains	\$954466
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$538686878	\$410726135	\$127960743
Medicaid	\$259159225	\$207436355	\$51722870
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$275618700	\$152625275	\$122993425
Total	\$1073464803	\$770787765	\$302677038

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$50492	\$-50492

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	73
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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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