



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 BEDFORD HOSPITAL

City of Hospital: Bedford

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22757501
Outpatient Patient Service Revenue	\$148677171
Total Gross Patient Service Revenue	\$171434672

2. Deductions From Revenue

Contractual Allowance	\$110948232
Other Deductions	\$-387978
Total Deductions	\$110560254

3. Total Operating Revenue

Net Patient Service Revenue	\$60874418
Other Operating Revenue	\$988148
Total Operating Revenue	\$61862566

4. Operating Expenses

Salaries and Wages	\$14601663	Employee Benefits	\$3226549
Depreciation and Amortization	\$1842234	Interest Expense	\$20164
Bad Debt	\$2663249	Other Expenses	\$24725341
Total Operating Expenses	\$47079200		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14783366	Total Assets	\$56166379
Net Non-operating Gains over Loss	\$256510	Total Liabilities	\$56166379

Total Net Gains	\$15039876
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$82419810	\$56719905	\$25699905
Medicaid	\$29187508	\$26396865	\$2790643
Other Government	\$2472336	\$1459498	\$1012838
Other State	\$0	\$0	\$0
Other Payers	\$57355018	\$25983987	\$31371031
Total	\$171434672	\$110560255	\$60874417

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6634	\$-6634

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	\$229248	\$-229248
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	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2595966
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$656260	
HCI Payments	\$0		
Subtotal	\$0	\$656260	\$-656260
Medicaid Shortfalls	\$4743523	\$8083828	
Subtotal	\$4743523	\$8740088	\$-3996565
DSH Payments	\$0		
Subtotal	\$4743523	\$8740088	\$-3996565
Medicare Shortfalls	\$18492724	\$17387274	
Other Government Programs	\$0	\$0	
Total	\$23236247	\$26127362	\$-2891115

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$111758	\$-111758
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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