



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: GOSHEN HOSPITAL (IU)

City of Hospital: GOSHEN

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Jeffrey Miller

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Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$198231361
Outpatient Patient Service Revenue	\$497427166
Total Gross Patient Service Revenue	\$695658527

2. Deductions From Revenue

Contractual Allowance	\$424596554
Other Deductions	\$6004390
Total Deductions	\$430600944

3. Total Operating Revenue

Net Patient Service Revenue	\$265057583
Other Operating Revenue	\$22677640
Total Operating Revenue	\$287735223

4. Operating Expenses

Salaries and Wages	\$79671967	Employee Benefits	\$26785711
Depreciation and Amortization	\$12584978	Interest Expense	\$807177
Bad Debt	\$26285201	Other Expenses	\$137678387
Total Operating Expenses	\$283813421		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3921802	Total Assets	\$538327138
Net Non-operating Gains over Loss	\$33364094	Total Liabilities	\$137428378
Total Net Gains	\$37285896		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$330505647	\$265064605	\$65441042
Medicaid	\$86724067	\$62906856	\$23817211
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$278428993	\$96625094	\$181803899
Total	\$695658707	\$424596555	\$271062152

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$98712	\$0	\$98712

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$284559	\$370191	\$-85632

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	\$258156	\$1120626	\$-862470

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	201305

Statement Six: Charity Statement

Hospital Charity Charges	\$3089505
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1143715	
HCI Payments	\$0		
Subtotal	\$0	\$1143715	\$-1143715
Medicaid Shortfalls	\$3612009	\$32104680	
Subtotal	\$3612009	\$33248395	\$-29636386
DSH Payments	\$3,041,160		

	Subtotal	\$6653169	\$33248395	\$-26595226
Medicare Shortfalls		\$40577136	\$49820258	
Other Government Programs		\$0	\$0	
	Total	\$47230305	\$83068653	\$-35838348

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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