



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 PAOLI HOSPITAL

City of Hospital: Paoli

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

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

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5979500
Outpatient Patient Service Revenue	\$58613678
Total Gross Patient Service Revenue	\$64593178

2. Deductions From Revenue

Contractual Allowance	\$36418852
Other Deductions	\$-2940317
Total Deductions	\$33478535

3. Total Operating Revenue

Net Patient Service Revenue	\$31114643
Other Operating Revenue	\$416237
Total Operating Revenue	\$31530880

4. Operating Expenses

Salaries and Wages	\$9871257	Employee Benefits	\$2309808
Depreciation and Amortization	\$1414456	Interest Expense	\$6
Bad Debt	\$2586896	Other Expenses	\$14192165
Total Operating Expenses	\$30374588		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1156292	Total Assets	\$39843483
Net Non-operating Gains over Loss	\$1203566	Total Liabilities	\$39843483

Total Net Gains	\$2359858
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29224453	\$15963127	\$13261326
Medicaid	\$16587599	\$10893201	\$5694398
Other Government	\$918696	\$580510	\$338186
Other State	\$0	\$0	\$0
Other Payers	\$17862430	\$8628593	\$9233837
Total	\$64593178	\$36065431	\$28527747

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$490	\$-490

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$7310	\$-7310
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	233

Statement Six: Charity Statement
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Hospital Charity Charges	\$1527028
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$665937	
HCI Payments	\$0		
Subtotal	\$0	\$665937	\$-665937
Medicaid Shortfalls	\$3641531	\$7881450	
Subtotal	\$3641531	\$8547387	\$-4905856
DSH Payments	\$0		
Subtotal	\$3641531	\$8547387	\$-4905856
Medicare Shortfalls	\$8184488	\$7887755	
Other Government Programs	\$0	\$0	
Total	\$11826019	\$16435142	\$-4609123

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2162049	\$2667007	\$-504958
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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