



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: **ESKENAZI HOSPITAL**

City of Hospital: Indianapolis

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Cyrus Stanford

Email Address: cyrus.stanford@eskenazihealth.edu

Medicare Provider Number: 711501

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1170686850
Outpatient Patient Service Revenue	\$1475150106
Total Gross Patient Service Revenue	\$2645836956

2. Deductions From Revenue

Contractual Allowance	\$1672404195
Other Deductions	\$317707681
Total Deductions	\$1990111876

3. Total Operating Revenue

Net Patient Service Revenue	\$680716176
Other Operating Revenue	\$49634672
Total Operating Revenue	\$730350848

4. Operating Expenses

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Salaries and Wages	\$300672652	Employee Benefits	\$58058716
Depreciation and Amortization	\$63570610	Interest Expense	\$0
Bad Debt	\$317707681	Other Expenses	\$347385501
Total Operating Expenses	\$1087395160		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-42165762	Total Assets	\$14089297071
Net Non-operating Gains over Loss	\$156793536	Total Liabilities	\$14089297071
Total Net Gains	\$114627774		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$684608885	\$487876036	\$196732849
Medicaid	\$1226580510	\$908813693	\$317766817
Other Government	\$279225436	\$323235556	\$-44010120
Other State	\$0	\$0	\$0
Other Payers	\$455422124	\$270186590	\$185235534
Total	\$2645836955	\$1990111875	\$655725080

#### Statement Three: Donations Statement

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

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	\$14140905	\$25741475.63	\$-11600570.63
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1093
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	\$9110	\$33902689	
HCI Payments	\$0		
Subtotal	\$9110	\$33902689	\$-33893579
Medicaid Shortfalls	\$321981083	\$400856086	
Subtotal	\$321990193	\$434758775	\$-112768582
DSH Payments	\$99,394,806		

	Subtotal	\$421384999	\$434758775	\$-13373776
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$421384999	\$434758775	\$-13373776

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	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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