



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 WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

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

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

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16473702
Outpatient Patient Service Revenue	\$105595090
Total Gross Patient Service Revenue	\$122068792

2. Deductions From Revenue

Contractual Allowance	\$-77048650
Other Deductions	\$-3343923
Total Deductions	\$-80392573

3. Total Operating Revenue

Net Patient Service Revenue	\$39116105
Other Operating Revenue	\$5360247
Total Operating Revenue	\$44476352

4. Operating Expenses

Salaries and Wages	\$9869752	Employee Benefits	\$2500656
Depreciation and Amortization	\$1782242	Interest Expense	\$963513
Bad Debt	\$2560114	Other Expenses	\$17054194
Total Operating Expenses	\$34730471		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9745881	Total Assets	\$73431352
Net Non-operating Gains over Loss	\$-27843	Total Liabilities	\$73431352
Total Net Gains	\$9718038		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$63928171	\$42981679	\$20946492
Medicaid	\$21896150	\$16751969	\$5144181
Other Government	\$1089553	\$924387	\$165166
Other State	\$0	\$0	\$0
Other Payers	\$35154918	\$22294652	\$12860266
Total	\$122068792	\$82952687	\$39116105

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$45305	\$-45305

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$3343923
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1030931	
HCI Payments	\$0		
Subtotal	\$0	\$1030931	\$-1030931
Medicaid Shortfalls	\$5327348	\$8440281	
Subtotal	\$5327348	\$9471212	\$-4143864
DSH Payments	\$0		

	Subtotal	\$5327348	\$9471212	\$-4143864
Medicare Shortfalls		\$12889197	\$12390234	
Other Government Programs		\$0	\$0	
	Total	\$18216545	\$21861446	\$-3644901

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