



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 ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Connie Dilger

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Medicare Provider Number: 150160

## Statement One: Summary of Revenue and Expenses

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$132916864
Outpatient Patient Service Revenue	\$249717294
<b>Total Gross Patient Service Revenue</b>	<b>\$382634158</b>

## 2. Deductions From Revenue

Contractual Allowance	\$207022578
Other Deductions	\$1658737
<b>Total Deductions</b>	<b>\$208681315</b>

## 3. Total Operating Revenue

Net Patient Service Revenue	\$173952843
Other Operating Revenue	\$1534400
<b>Total Operating Revenue</b>	<b>\$175487243</b>

## 4. Operating Expenses

Salaries and Wages	\$27482241	Employee Benefits	\$6442448
Depreciation and Amortization	\$2410675	Interest Expense	\$60276
Bad Debt	\$3878077	Other Expenses	\$72811055
<b>Total Operating Expenses</b>	<b>\$113084772</b>		

## 5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$62402470	Total Assets	\$53143107
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$13156375
Total Net Gains	\$62402470		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$132660945	\$95097462	\$37563483
Medicaid	\$4155023	\$3699117	\$455906
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$245818190	\$109884736	\$135933454
Total	\$382634158	\$208681315	\$173952843

## 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	\$106537	\$50092	\$56445

## 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	\$8144	\$-8144
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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$3496618	\$2967044	
HCI Payments	\$0		
Subtotal	\$3496618	\$2967044	\$529574
Medicaid Shortfalls	\$1008243	\$1122272	
Subtotal	\$4504861	\$4089316	\$415545
DSH Payments	\$0		
Subtotal	\$4504861	\$4089316	\$415545
Medicare Shortfalls	\$35071190	\$39492741	
Other Government Programs	\$0	\$0	
Total	\$39576051	\$43582057	\$-4006006

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

