



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 GOSHEN HOSPITAL

City of Hospital: Goshen

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Amy Floria

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Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$171551647
Outpatient Patient Service Revenue	\$339848826
Total Gross Patient Service Revenue	\$511400473

2. Deductions From Revenue

Contractual Allowance	\$261277670
Other Deductions	\$11609076
Total Deductions	\$272886746

3. Total Operating Revenue

Net Patient Service Revenue	\$238513727
Other Operating Revenue	\$5429516
Total Operating Revenue	\$243943243

4. Operating Expenses

Salaries and Wages	\$61801198	Employee Benefits	\$20919306
Depreciation and Amortization	\$9842513	Interest Expense	\$1383340
Bad Debt	\$24170828	Other Expenses	\$96605136
Total Operating Expenses	\$214722321		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$29220922	Total Assets	\$318581695
Net Non-operating Gains over Loss	\$8069693	Total Liabilities	\$53529941

Total Net Gains	\$37290615
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$237408970	\$187594885	\$49814085
Medicaid	\$45253242	\$33003462	\$12249780
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$228689551	\$40679323	\$188010228
Total	\$511351763	\$261277670	\$250074093

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$536229	\$0	\$536229

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$1260887	\$669013	\$591874

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	\$173448	\$876158	\$-702710

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	163122

Statement Six: Charity Statement

Hospital Charity Charges	\$9115171
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3396378	
HCI Payments	\$0		
Subtotal	\$0	\$3396378	\$-3396378
Medicaid Shortfalls	\$8945304	\$16861683	
Subtotal	\$8945304	\$20258061	\$-11312757
DSH Payments	\$1,520,555		
Subtotal	\$10465859	\$20258061	\$-9792202
Medicare Shortfalls	\$37294764	\$44854420	
Other Government Programs	\$0	\$0	
Total	\$47760623	\$65112481	\$-17351858

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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