



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 ARNETT HOSPITAL

City of Hospital: Lafayette

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

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

Person Completing the Report: Vadana (Dana) Patel

Email Address: ahuey@iuhealth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$396470389
Outpatient Patient Service Revenue	\$782439584
<b>Total Gross Patient Service Revenue</b>	<b>\$1178909973</b>

2. Deductions From Revenue

Contractual Allowance	\$725189635
Other Deductions	\$41963459
<b>Total Deductions</b>	<b>\$767153094</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$411756879
Other Operating Revenue	\$6833460
<b>Total Operating Revenue</b>	<b>\$418590339</b>

4. Operating Expenses

Salaries and Wages	\$144891899	Employee Benefits	\$33106325
Depreciation and Amortization	\$13495062	Interest Expense	\$12773825
Bad Debt	\$32271686	Other Expenses	\$134309943
<b>Total Operating Expenses</b>	<b>\$370848740</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$47741599	Total Assets	\$334024163
Net Non-operating Gains over Loss	\$39695	Total Liabilities	\$334024163
Total Net Gains	\$47781294		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$425326129	\$344058908	\$81267221
Medicaid	\$85160830	\$75044207	\$10116623
Other Government	\$12626856	\$10118906	\$2507950
Other State	\$0	\$0	\$0
Other Payers	\$655796158	\$339354854	\$316441304
Total	\$1178909973	\$768576875	\$410333098

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$3526	\$528289	\$-524763

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$84564	\$-84564

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1369969	\$-1369969
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	51518

Statement Six: Charity Statement
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Hospital Charity Charges	\$41963459
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11435043	
HCI Payments	\$0		
Subtotal	\$0	\$11435043	\$-11435043
Medicaid Shortfalls	\$23441007	\$39026846	
Subtotal	\$23441007	\$50461889	\$-27020882
DSH Payments	\$0		
Subtotal	\$23441007	\$50461889	\$-27020882
Medicare Shortfalls	\$65212299	\$76772274	
Other Government Programs	\$0	\$0	
Total	\$88653306	\$127234163	\$-38580857

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	\$3340	\$-3340
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments