



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 BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

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: vpatel4@iuhealth.org

Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$815111739
Outpatient Patient Service Revenue	\$639294922
<b>Total Gross Patient Service Revenue</b>	<b>\$1454406661</b>

2. Deductions From Revenue

Contractual Allowance	\$976209297
Other Deductions	\$76057101
<b>Total Deductions</b>	<b>\$1052266398</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$402140263
Other Operating Revenue	\$16808926
<b>Total Operating Revenue</b>	<b>\$418949189</b>

4. Operating Expenses

Salaries and Wages	\$96207145	Employee Benefits	\$1268837
Depreciation and Amortization	\$17219657	Interest Expense	\$4719496
Bad Debt	\$18977126	Other Expenses	\$179254391
<b>Total Operating Expenses</b>	<b>\$317646652</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$101302537	Total Assets	\$383999550
Net Non-operating Gains over Loss	\$-8006602	Total Liabilities	\$383999549
Total Net Gains	\$93295935		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$744799626	\$604464186	\$140335440
Medicaid	\$228608771	\$200183782	\$28424989
Other Government	\$42319570	\$15170442	\$27149128
Other State	\$0	\$0	\$0
Other Payers	\$438678695	\$232447988	\$206230707
Total	\$1454406662	\$1052266398	\$402140264

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$128218	\$-128218

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$730154	\$-730154

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$12999523	\$-12999523
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	67
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	41576

Statement Six: Charity Statement
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Hospital Charity Charges	\$76057101
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$17983389	
HCI Payments	\$0		
Subtotal	\$0	\$17983389	\$-17983389
Medicaid Shortfalls	\$56548127	\$46231490	
Subtotal	\$56548127	\$64214879	\$-7666752
DSH Payments	\$0		
Subtotal	\$56548127	\$64214879	\$-7666752
Medicare Shortfalls	\$112965410	\$115730108	
Other Government Programs	\$0	\$0	
Total	\$169513537	\$179944987	\$-10431450

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