



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 BLACKFORD HOSPITAL

City of Hospital: Hartford City

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

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Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8002884
Outpatient Patient Service Revenue	\$28802830
Total Gross Patient Service Revenue	\$36805714

2. Deductions From Revenue

Contractual Allowance	\$15030014
Other Deductions	\$2833222
Total Deductions	\$17863236

3. Total Operating Revenue

Net Patient Service Revenue	\$18942478
Other Operating Revenue	\$143620
Total Operating Revenue	\$19086098

4. Operating Expenses

Salaries and Wages	\$5649898	Employee Benefits	\$1268837
Depreciation and Amortization	\$1042021	Interest Expense	\$0
Bad Debt	\$1200638	Other Expenses	\$7072544
Total Operating Expenses	\$16233938		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$2852160	Total Assets	\$16285198
Net Non-operating Gains over Loss	\$1158	Total Liabilities	\$16285199
Total Net Gains	\$2853318		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18132191	\$7063770	\$11068421
Medicaid	\$4750346	\$4052050	\$698296
Other Government	\$796946	\$424219	\$372727
Other State	\$0	\$0	\$0
Other Payers	\$13126231	\$6323196.10	\$6803034.9
Total	\$36805714	\$17863235.1	\$18942478.9

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1066	\$-1066

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	\$25670	\$-25670
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	2567

Statement Six: Charity Statement

Hospital Charity Charges	\$2833222
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1046592	
HCI Payments	\$0		
Subtotal	\$0	\$1046592	\$-1046592
Medicaid Shortfalls	\$1335135	\$2680173	
Subtotal	\$1335135	\$3726765	\$-2391630
DSH Payments	\$0		
Subtotal	\$1335135	\$3726765	\$-2391630
Medicare Shortfalls	\$8948434	\$8255365	
Other Government Programs	\$0	\$0	
Total	\$10283569	\$11982130	\$-1698561

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