



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: Harford City

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (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	\$7781141
Outpatient Patient Service Revenue	\$31989281
Total Gross Patient Service Revenue	\$39770422

2. Deductions From Revenue

Contractual Allowance	\$18490440
Other Deductions	\$2231515
Total Deductions	\$20721955

3. Total Operating Revenue

Net Patient Service Revenue	\$19048467
Other Operating Revenue	\$-623408
Total Operating Revenue	\$18425059

4. Operating Expenses

Salaries and Wages	\$5937683	Employee Benefits	\$1291649
Depreciation and Amortization	\$888903	Interest Expense	\$0
Bad Debt	\$1234996	Other Expenses	\$6332843
Total Operating Expenses	\$15686074		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2738985	Total Assets	\$18446834
Net Non-operating Gains over Loss	\$7474	Total Liabilities	\$18446834

Total Net Gains	\$2746459
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$19105164	\$7811866	\$11293298
Medicaid	\$6920244	\$6454627	\$465617
Other Government	\$373625	\$193611	\$180014
Other State	\$0	\$0	\$0
Other Payers	\$13371389	\$6261852	\$7109537
Total	\$39770422	\$20721956	\$19048466

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1837	\$-1837

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	\$22128	\$-22128
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	2583

Statement Six: Charity Statement

Hospital Charity Charges	\$2231515
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$790403	
HCI Payments	\$0		
Subtotal	\$0	\$790403	\$-790403
Medicaid Shortfalls	\$2312486	\$2660341	
Subtotal	\$2312486	\$3450744	\$-1138258
DSH Payments	\$0		
Subtotal	\$2312486	\$3450744	\$-1138258
Medicare Shortfalls	\$8458493	\$7639052	
Other Government Programs	\$0	\$0	
Total	\$10770979	\$11089796	\$-318817

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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