



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

Year End: 12/31/2015 (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	\$174254437
Outpatient Patient Service Revenue	\$358011501
Total Gross Patient Service Revenue	\$532265938

2. Deductions From Revenue

Contractual Allowance	\$283445013
Other Deductions	\$11321414
Total Deductions	\$294766427

3. Total Operating Revenue

Net Patient Service Revenue	\$237499511
Other Operating Revenue	\$5745100
Total Operating Revenue	\$243244611

4. Operating Expenses

Salaries and Wages	\$64683425	Employee Benefits	\$24643234
Depreciation and Amortization	\$10507508	Interest Expense	\$1215395
Bad Debt	\$22025481	Other Expenses	\$95119747
Total Operating Expenses	\$218194790		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$25049821	Total Assets	\$334617537
Net Non-operating Gains over Loss	\$-2782255	Total Liabilities	\$48820165

Total Net Gains	\$22267566
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$253182327	\$202136122	\$51046205
Medicaid	\$56258462	\$38995492	\$17262970
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$222825149	\$42313399	\$180511750
Total	\$532265938	\$283445013	\$248820925

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$673006	\$0	\$673006

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$1433696	\$825368	\$608328

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	\$206476	\$897431	\$-690955

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	225118

Statement Six: Charity Statement

Hospital Charity Charges	\$9358140
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3448990	
HCI Payments	\$0		
Subtotal	\$0	\$3448990	\$-3448990
Medicaid Shortfalls	\$5002305	\$20734341	
Subtotal	\$5002305	\$24183331	\$-19181026
DSH Payments	\$1,426,706		
Subtotal	\$6429011	\$24183331	\$-17754320
Medicare Shortfalls	\$38102652	\$47991711	
Other Government Programs	\$0	\$0	
Total	\$44531663	\$72175042	\$-27643379

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

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