



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 NORTH HOSPITAL

City of Hospital: City of Carmel

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

Email Address: vpatel4@iuhealth.org

Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$322546022
Outpatient Patient Service Revenue	\$289111268
Total Gross Patient Service Revenue	\$611657290

2. Deductions From Revenue

Contractual Allowance	\$378057425
Other Deductions	\$6342165
Total Deductions	\$384399590

3. Total Operating Revenue

Net Patient Service Revenue	\$227257700
Other Operating Revenue	\$7912005
Total Operating Revenue	\$235169705

4. Operating Expenses

Salaries and Wages	\$53293160	Employee Benefits	\$12637238
Depreciation and Amortization	\$28078058	Interest Expense	\$14336024
Bad Debt	\$7172407	Other Expenses	\$68881336
Total Operating Expenses	\$184398223		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$50771482	Total Assets	\$383586474
Net Non-operating Gains over Loss	\$248280	Total Liabilities	\$383586474

Total Net Gains	\$51019762
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$200908758	\$163059138	\$37849620
Medicaid	\$67682615	\$58856323	\$8826292
Other Government	\$3958216	\$3866351	\$91865
Other State	\$0	\$0	\$0
Other Payers	\$339107701	\$158617776	\$180489925
Total	\$611657290	\$384399588	\$227257702

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$176627	\$-176627

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	\$896969	\$-896969
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	7810

Statement Six: Charity Statement

Hospital Charity Charges	\$6342165
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1747901	
HCI Payments	\$0		
Subtotal	\$0	\$1747901	\$-1747901
Medicaid Shortfalls	\$14147393	\$25728862	
Subtotal	\$14147393	\$27476763	\$-13329370
DSH Payments	\$0		
Subtotal	\$14147393	\$27476763	\$-13329370
Medicare Shortfalls	\$27716073	\$38741687	
Other Government Programs	\$0	\$0	
Total	\$41863466	\$66218450	\$-24354984

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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