



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 PAOLI HOSPITAL

City of Hospital: Paoli

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: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4178299
Outpatient Patient Service Revenue	\$55704783
Total Gross Patient Service Revenue	\$59883082

2. Deductions From Revenue

Contractual Allowance	\$33243629
Other Deductions	\$3721213
Total Deductions	\$36964842

3. Total Operating Revenue

Net Patient Service Revenue	\$26885972
Other Operating Revenue	\$-172304
Total Operating Revenue	\$26713668

4. Operating Expenses

Salaries and Wages	\$7484630	Employee Benefits	\$1963452
Depreciation and Amortization	\$918528	Interest Expense	\$0
Bad Debt	\$3817109	Other Expenses	\$8958281
Total Operating Expenses	\$23142000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3571668	Total Assets	\$45351808
Net Non-operating Gains over Loss	\$-26945	Total Liabilities	\$45351808

Total Net Gains	\$3544723
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23394290	\$13694351	\$9699939
Medicaid	\$15790153	\$15293614	\$496539
Other Government	\$718894	\$739832	\$-20938
Other State	\$0	\$0	\$0
Other Payers	\$19979745	\$3269313	\$16710432
Total	\$59883082	\$32997110	\$26885972

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$74165	\$-74165

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	\$168516	\$-168516
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	5458

Statement Six: Charity Statement

Hospital Charity Charges	\$1737347
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$540915	
HCI Payments	\$0		
Subtotal	\$0	\$540915	\$-540915
Medicaid Shortfalls	\$2394820	\$5070920	
Subtotal	\$2394820	\$5611835	\$-3217015
DSH Payments	\$0		
Subtotal	\$2394820	\$5611835	\$-3217015
Medicare Shortfalls	\$7734151	\$7174971	
Other Government Programs	\$0	\$0	
Total	\$10128971	\$12786806	\$-2657835

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$19169	\$-19169
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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