



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 WEST HOSPITAL

City of Hospital: City of Indianapolis

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: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$273882793
Outpatient Patient Service Revenue	\$406098923
Total Gross Patient Service Revenue	\$679981716

2. Deductions From Revenue

Contractual Allowance	\$447915123
Other Deductions	\$26803620
Total Deductions	\$474718743

3. Total Operating Revenue

Net Patient Service Revenue	\$205262973
Other Operating Revenue	\$2906288
Total Operating Revenue	\$208169261

4. Operating Expenses

Salaries and Wages	\$42557560	Employee Benefits	\$10158642
Depreciation and Amortization	\$6508749	Interest Expense	\$6090673
Bad Debt	\$13781677	Other Expenses	\$63447535
Total Operating Expenses	\$142544836		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$65624425	Total Assets	\$350660198
Net Non-operating Gains over Loss	\$254743	Total Liabilities	\$350660198

Total Net Gains	\$65879168
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$282194818	\$231835443	\$50359375
Medicaid	\$101931433	\$88171606	\$13759827
Other Government	\$5489744	\$4215976	\$1273768
Other State	\$0	\$0	\$0
Other Payers	\$290365722	\$150495717	\$139870005
Total	\$679981717	\$474718742	\$205262975

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2339	\$214968	\$-212629

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	\$913668	\$-913668
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	6
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	897

Statement Six: Charity Statement

Hospital Charity Charges	\$26803620
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4771044	
HCI Payments	\$0		
Subtotal	\$0	\$4771044	\$-4771044
Medicaid Shortfalls	\$19571199	\$24721447	
Subtotal	\$19571199	\$29492491	\$-9921292
DSH Payments	\$0		
Subtotal	\$19571199	\$29492491	\$-9921292
Medicare Shortfalls	\$34579420	\$35844479	
Other Government Programs	\$0	\$0	
Total	\$54150619	\$65336970	\$-11186351

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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