



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: LAPORTE HOSPITAL AND HEALTH SERVICES

City of Hospital: LA PORTE

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

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Steven Rudolph

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Medicare Provider Number: 150006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$200574150
Outpatient Patient Service Revenue	\$281580939
Total Gross Patient Service Revenue	\$482155089

2. Deductions From Revenue

Contractual Allowance	\$238866167
Other Deductions	\$74183645
Total Deductions	\$313049812

3. Total Operating Revenue

Net Patient Service Revenue	\$169105277
Other Operating Revenue	\$4898793
Total Operating Revenue	\$174004070

4. Operating Expenses

Salaries and Wages	\$56218620	Employee Benefits	\$13142190
Depreciation and Amortization	\$11940724	Interest Expense	\$46567
Bad Debt	\$16156280	Other Expenses	\$69924620
Total Operating Expenses	\$167429001		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6575068	Total Assets	\$199162870
Net Non-operating Gains over Loss	\$-2371991	Total Liabilities	\$20443050

Total Net Gains	\$4203077
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$228621882	\$179610120	\$49011762
Medicaid	\$78069788	\$59256047	\$18813741
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$175463419	\$74183645	\$101279774
Total	\$482155089	\$313049812	\$169105277

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$536535	\$1210994	\$-674459

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$283153	\$-283153

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$840001	\$-840001
Hospital Patients	\$0	\$6797	\$-6797
Community Education	\$26883	\$2624434	\$-2597551

Number of Medical Professionals Trained	451
Number of Hospital Patients Educated	14565
Number of Citizens Exposed to Health Education Messages	75399

Statement Six: Charity Statement

Hospital Charity Charges	\$6840412
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$	\$2175169	
HCI Payments	\$0		
Subtotal	\$0	\$2175169	\$-2175169
Medicaid Shortfalls	\$18813741	\$23850731	
Subtotal	\$18813741	\$26025900	\$-7212159
DSH Payments	\$0		
Subtotal	\$18813741	\$26025900	\$-7212159
Medicare Shortfalls	\$36912637	\$48191229	
Other Government Programs	\$0	\$0	
Total	\$55726378	\$74217129	\$-18490751

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1019941	\$-1019941
Community Assessment	\$0	\$117071	\$-117071
Provision of Taxes	\$0	\$141886	\$-141886
Other Allocations	\$0	\$0	\$0

Comments

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