



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: THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETWORK

City of Hospital: Fort Wayne

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

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

Person Completing the Report: Amy Hochstetler

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Medicare Provider Number: 150168

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$219601585
Outpatient Patient Service Revenue	\$195450766
Total Gross Patient Service Revenue	\$415052351

2. Deductions From Revenue

Contractual Allowance	\$312308113
Other Deductions	\$0
Total Deductions	\$312308113

3. Total Operating Revenue

Net Patient Service Revenue	\$102744238
Other Operating Revenue	\$245
Total Operating Revenue	\$102744483

4. Operating Expenses

Salaries and Wages	\$12354880	Employee Benefits	\$2605906
Depreciation and Amortization	\$1229446	Interest Expense	\$20947
Bad Debt	\$2147699	Other Expenses	\$34101494
Total Operating Expenses	\$52460372		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$50284111	Total Assets	\$21061494
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$21061494
Total Net Gains	\$50284111		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$166039095	\$140287295	\$25751800
Medicaid	\$24239242	\$20888279	\$3350963
Other Government	\$7484053	\$6148754	\$1335299
Other State	\$0	\$0	\$0
Other Payers	\$217289961	\$144983785	\$72306176
Total	\$415052351	\$312308113	\$102744238

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$244801	\$-244801

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	\$0	\$0
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	

Statement Six: Charity Statement

Hospital Charity Charges	\$254575
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$55178	
HCI Payments	\$0		
Subtotal	\$0	\$55178	\$-55178
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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