



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 GOSHEN HOSPITAL

City of Hospital: Goshen

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Amy Floria

Email Address: afloria@goshenhealth.com

Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$183031405
Outpatient Patient Service Revenue	\$402803274
Total Gross Patient Service Revenue	\$585834679

2. Deductions From Revenue

Contractual Allowance	\$325697936
Other Deductions	\$9452349
Total Deductions	\$335150285

3. Total Operating Revenue

Net Patient Service Revenue	\$250684395
Other Operating Revenue	\$6175923
Total Operating Revenue	\$256860318

4. Operating Expenses

Salaries and Wages	\$69850570	Employee Benefits	\$23632071
Depreciation and Amortization	\$10881854	Interest Expense	\$1187449
Bad Debt	\$22773553	Other Expenses	\$112692426
Total Operating Expenses	\$241017923		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15842395	Total Assets	\$355806978
Net Non-operating Gains over Loss	\$12244868	Total Liabilities	\$60182655

Total Net Gains	\$28087263
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$278311354	\$223200268	\$55111086
Medicaid	\$63666216	\$43882195	\$19784021
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$243857109	\$58615473	\$185241636
Total	\$585834679	\$325697936	\$260136743

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$81246	\$0	\$81246

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$960245	\$850924	\$109321

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	\$292474	\$978594	\$-686120

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	208632

Statement Six: Charity Statement

Hospital Charity Charges	\$5570179
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2075091	
HCI Payments	\$0		
Subtotal	\$0	\$2075091	\$-2075091
Medicaid Shortfalls	\$3669586	\$23717942	
Subtotal	\$3669586	\$25793033	\$-22123447
DSH Payments	\$1,160,550		
Subtotal	\$4830136	\$25793033	\$-20962897
Medicare Shortfalls	\$34777344	\$55852082	
Other Government Programs	\$0	\$0	
Total	\$39607480	\$81645115	\$-42037635

Statement Seven: Subsidized Health Services for the Community
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	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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