



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 NORTH HOSPITAL

City of Hospital: Carmel

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

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

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$358987952
Outpatient Patient Service Revenue	\$315558045
Total Gross Patient Service Revenue	\$674545997

2. Deductions From Revenue

Contractual Allowance	\$436347295
Other Deductions	\$-610031
Total Deductions	\$435737264

3. Total Operating Revenue

Net Patient Service Revenue	\$238808733
Other Operating Revenue	\$7920863
Total Operating Revenue	\$246729596

4. Operating Expenses

Salaries and Wages	\$55401858	Employee Benefits	\$12744146
Depreciation and Amortization	\$9018815	Interest Expense	\$13991672
Bad Debt	\$3989925	Other Expenses	\$96058129
Total Operating Expenses	\$191204545		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$55525051	Total Assets	\$431821095
Net Non-operating Gains over Loss	\$372195	Total Liabilities	\$431821095

Total Net Gains	\$55897246
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$215256189	\$173333310	\$41922879
Medicaid	\$74396008	\$64109932	\$10286076
Other Government	\$3953971	\$2810593	\$1143378
Other State	\$0	\$0	\$0
Other Payers	\$380939829	\$195483429	\$185456400
Total	\$674545997	\$435737264	\$238808733

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$165812.00	\$-165812

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$4098.00	\$-4098

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$484686.00	\$-484686
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	1,906.00

Statement Six: Charity Statement

Hospital Charity Charges	\$7057562.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1875900	
HCI Payments	\$0		
Subtotal	\$0	\$1875900	\$-1875900
Medicaid Shortfalls	\$14918019	\$26525168	
Subtotal	\$14918019	\$28401068	\$-13483049
DSH Payments	\$0		
Subtotal	\$14918019	\$28401068	\$-13483049
Medicare Shortfalls	\$27271993	\$35706291	
Other Government Programs	\$0	\$0	
Total	\$42190012	\$64107359	\$-21917347

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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