



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 UNIVERSITY HOSPITAL

City of Hospital: Indianapolis

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

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

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3956550835
Outpatient Patient Service Revenue	\$3613734346
Total Gross Patient Service Revenue	\$7570285181

2. Deductions From Revenue

Contractual Allowance	\$5353919256
Other Deductions	\$-79592833
Total Deductions	\$5274326423

3. Total Operating Revenue

Net Patient Service Revenue	\$2295958758
Other Operating Revenue	\$1081743803
Total Operating Revenue	\$3377702561

4. Operating Expenses

Salaries and Wages	\$942520889	Employee Benefits	\$144842129
Depreciation and Amortization	\$155447928	Interest Expense	\$39895287
Bad Debt	\$79408147	Other Expenses	\$1541966227
Total Operating Expenses	\$2904080607		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$473621954	Total Assets	\$7611902997
Net Non-operating Gains over Loss	\$339754677	Total Liabilities	\$7611902997

Total Net Gains	\$813376631
-----------------	-------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2671985100	\$2041649727	\$630335373
Medicaid	\$2093662720	\$1748410522	\$345252198
Other Government	\$114403717	\$68312495	\$46091222
Other State	\$0	\$0	\$0
Other Payers	\$3065050057	\$1415786341	\$1649263716
Total	\$7945101594	\$5274159085	\$2670942509

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$12601991	\$-12601991

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$16713217	\$-16713217

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$64890855	\$-64890855
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	576
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	4070

Statement Six: Charity Statement

Hospital Charity Charges	\$103354145
--------------------------	-------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$37031852	
HCI Payments	\$0		
Subtotal	\$0	\$37031852	\$-37031852
Medicaid Shortfalls	\$544054719	\$804535328	
Subtotal	\$544054719	\$841567180	\$-297512461
DSH Payments	\$0		
Subtotal	\$544054719	\$841567180	\$-297512461
Medicare Shortfalls	\$419211243	\$444324981	
Other Government Programs	\$0	\$0	
Total	\$963265962	\$1285892161	\$-322626199

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4756438	\$-4756438
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//