



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 BEDFORD HOSPITAL

City of Hospital: Bedford

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-328

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23353139
Outpatient Patient Service Revenue	\$162991996
Total Gross Patient Service Revenue	\$186345135

2. Deductions From Revenue

Contractual Allowance	\$124744730
Other Deductions	\$185411
Total Deductions	\$124930141

3. Total Operating Revenue

Net Patient Service Revenue	\$61414994
Other Operating Revenue	\$999167
Total Operating Revenue	\$62414161

4. Operating Expenses

Salaries and Wages	\$14593433	Employee Benefits	\$3412053
Depreciation and Amortization	\$1585531	Interest Expense	\$19291
Bad Debt	\$4375502	Other Expenses	\$31630642
Total Operating Expenses	\$55616452		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6797709	Total Assets	\$58566577
Net Non-operating Gains over Loss	\$535587	Total Liabilities	\$58566577

Total Net Gains	\$7333296
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$93579603	\$72366471	\$21213132
Medicaid	\$29742196	\$28065023	\$1677173
Other Government	\$3474477	\$2328428	\$1146049
Other State	\$0	\$0	\$0
Other Payers	\$59548859	\$22170219	\$37378640
Total	\$186345135	\$124930141	\$61414994

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5640	\$-5640

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	\$16007	\$-16007
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	290

Statement Six: Charity Statement

Hospital Charity Charges	\$2973360
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$785859	
HCI Payments	\$0		
Subtotal	\$0	\$785859	\$-785859
Medicaid Shortfalls	\$6891840	\$9436558	
Subtotal	\$6891840	\$10222417	\$-3330577
DSH Payments	\$0		
Subtotal	\$6891840	\$10222417	\$-3330577
Medicare Shortfalls	\$18767713	\$18978651	
Other Government Programs	\$0	\$0	
Total	\$25659553	\$29201068	\$-3541515

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$82276	\$-82276
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments