



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 BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$912279630
Outpatient Patient Service Revenue	\$874716348
Total Gross Patient Service Revenue	\$1786995978

2. Deductions From Revenue

Contractual Allowance	\$1341719191
Other Deductions	\$-2411451
Total Deductions	\$1339307740

3. Total Operating Revenue

Net Patient Service Revenue	\$447688238
Other Operating Revenue	\$19478738
Total Operating Revenue	\$467166976

4. Operating Expenses

Salaries and Wages	\$111845213	Employee Benefits	\$29782466
Depreciation and Amortization	\$20232388	Interest Expense	\$2433643
Bad Debt	\$23853897	Other Expenses	\$221140726
Total Operating Expenses	\$409288333		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$57878643	Total Assets	\$553628091
Net Non-operating Gains over Loss	\$2281956	Total Liabilities	\$553628091

Total Net Gains	\$60160599
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$984462098	\$801691088	\$182771010
Medicaid	\$334650074	\$261142370	\$73507704
Other Government	\$29455210	\$24100327	\$5354883
Other State	\$0	\$0	\$0
Other Payers	\$438428597	\$276227851	\$162200746
Total	\$1786995979	\$1363161636	\$423834343

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$926320	\$-926320

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$1410707	\$-1410707

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$11316346	\$-11316346
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	63
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	100

Statement Six: Charity Statement

Hospital Charity Charges	\$42144123
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8243390	
HCI Payments	\$0		
Subtotal	\$0	\$8243390	\$-8243390
Medicaid Shortfalls	\$71449118	\$84271089	
Subtotal	\$71449118	\$92514479	\$-21065361
DSH Payments	\$0		
Subtotal	\$71449118	\$92514479	\$-21065361
Medicare Shortfalls	\$130751509	\$130082396	
Other Government Programs	\$0	\$0	
Total	\$202200627	\$222596875	\$-20396248

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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