



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: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$30534909
Outpatient Patient Service Revenue	\$206344720
Total Gross Patient Service Revenue	\$236879629

2. Deductions From Revenue

Contractual Allowance	\$159142507
Other Deductions	\$-728975
Total Deductions	\$158413532

3. Total Operating Revenue

Net Patient Service Revenue	\$78466097
Other Operating Revenue	\$1083627
Total Operating Revenue	\$79549724

4. Operating Expenses

Salaries and Wages	\$15397663	Employee Benefits	\$3684779
Depreciation and Amortization	\$1616605	Interest Expense	\$10479
Bad Debt	\$6614992	Other Expenses	\$39031111
Total Operating Expenses	\$66355629		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13194095	Total Assets	\$74880493
Net Non-operating Gains over Loss	\$1687446	Total Liabilities	\$74880493

Total Net Gains	\$14881541
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$125780537	\$99750389	\$26030148
Medicaid	\$35877321	\$27011184	\$8866137
Other Government	\$4693796	\$3810400	\$883396
Other State	\$0	\$0	\$0
Other Payers	\$70527975	\$34456551	\$36071424
Total	\$236879629	\$165028524	\$71851105

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$27387	\$-27387

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	\$212605	\$-212605
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	155

Statement Six: Charity Statement

Hospital Charity Charges	\$5188901
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1255714	
HCI Payments	\$0		
Subtotal	\$0	\$1255714	\$-1255714
Medicaid Shortfalls	\$8944207	\$11736946	
Subtotal	\$8944207	\$12992660	\$-4048453
DSH Payments	\$0		
Subtotal	\$8944207	\$12992660	\$-4048453
Medicare Shortfalls	\$23280427	\$23581329	
Other Government Programs	\$0	\$0	
Total	\$32224634	\$36573989	\$-4349355

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$81001	\$-81001
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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