



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 WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

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: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8806979
Outpatient Patient Service Revenue	\$82433114
Total Gross Patient Service Revenue	\$91240093

2. Deductions From Revenue

Contractual Allowance	\$57648994
Other Deductions	\$1150345
Total Deductions	\$58799339

3. Total Operating Revenue

Net Patient Service Revenue	\$32440754
Other Operating Revenue	\$889884
Total Operating Revenue	\$33330638

4. Operating Expenses

Salaries and Wages	\$8129366	Employee Benefits	\$2156894
Depreciation and Amortization	\$1672852	Interest Expense	\$1029475
Bad Debt	\$2882042	Other Expenses	\$17048440
Total Operating Expenses	\$32919069		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$411569	Total Assets	\$57320945
Net Non-operating Gains over Loss	\$653840	Total Liabilities	\$57320945

Total Net Gains	\$1065409
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$47711769	\$31884234	\$15827535
Medicaid	\$13580546	\$10778576	\$2801970
Other Government	\$1147930	\$965099	\$182831
Other State	\$0	\$0	\$0
Other Payers	\$28799849	\$18053472	\$10746377
Total	\$91240094	\$61681381	\$29558713

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$18108	\$-18108

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	\$476	\$-476
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	20

Statement Six: Charity Statement

Hospital Charity Charges	\$3047139
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$950707	
HCI Payments	\$0		
Subtotal	\$0	\$950707	\$-950707
Medicaid Shortfalls	\$2891561	\$6018467	
Subtotal	\$2891561	\$6969174	\$-4077613
DSH Payments	\$0		
Subtotal	\$2891561	\$6969174	\$-4077613
Medicare Shortfalls	\$12773255	\$12739444	
Other Government Programs	\$0	\$0	
Total	\$15664816	\$19708618	\$-4043802

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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