



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: GOSHEN HOSPITAL (IU)

City of Hospital: Goshen

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Jeffrey Miller

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Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$211731399
Outpatient Patient Service Revenue	\$574559544
Total Gross Patient Service Revenue	\$786290943

2. Deductions From Revenue

Contractual Allowance	\$507112826
Other Deductions	\$8406705
Total Deductions	\$515519531

3. Total Operating Revenue

Net Patient Service Revenue	\$270771413
Other Operating Revenue	\$7939914
Total Operating Revenue	\$278711327

4. Operating Expenses

Salaries and Wages	\$80882519	Employee Benefits	\$25822834
Depreciation and Amortization	\$12980765	Interest Expense	\$857194
Bad Debt	\$18180911	Other Expenses	\$149183839
Total Operating Expenses	\$287908062		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9196736	Total Assets	\$563393465
Net Non-operating Gains over Loss	\$33959055	Total Liabilities	\$138173354
Total Net Gains	\$24762319		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$396288176	\$324115978	\$72172198
Medicaid	\$107038488	\$77681149	\$29357339
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$282963733	\$105315699	\$177648034
Total	\$786290397	\$507112826	\$279177571

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$70196	\$0	\$70196

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$355655	\$295632	\$60023

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$231800	\$967038	\$-735238

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	211154

Statement Six: Charity Statement

Hospital Charity Charges	\$5204784
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1785435	
HCI Payments	\$0		
Subtotal	\$0	\$1785435	\$-1785435
Medicaid Shortfalls	\$4013221	\$36718198	
Subtotal	\$4013221	\$38503633	\$-34490412
DSH Payments	\$2,026,603		

	Subtotal	\$6039824	\$38503633	\$-32463809
Medicare Shortfalls		\$41038009	\$50040780	
Other Government Programs		\$0	\$0	
	Total	\$47077833	\$88544413	\$-41466580

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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