



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 ARNETT HOSPITAL

City of Hospital: Lafayette

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

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

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$658938122
Outpatient Patient Service Revenue	\$1301528714
Total Gross Patient Service Revenue	\$1960466836

2. Deductions From Revenue

Contractual Allowance	\$-1364823539
Other Deductions	\$-36921279
Total Deductions	\$-1401744818

3. Total Operating Revenue

Net Patient Service Revenue	\$539981994
Other Operating Revenue	\$38552412
Total Operating Revenue	\$578534406

4. Operating Expenses

Salaries and Wages	\$228330214	Employee Benefits	\$42598817
Depreciation and Amortization	\$15736181	Interest Expense	\$1494
Bad Debt	\$18740025	Other Expenses	\$205292575
Total Operating Expenses	\$510699306		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$67835100	Total Assets	\$375222493
Net Non-operating Gains over Loss	\$-72795	Total Liabilities	\$375222493
Total Net Gains	\$67762305		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$883514291	\$716618745	\$166895546
Medicaid	\$295953929	\$227642187	\$68311742
Other Government	\$15330961	\$12795487	\$2535474
Other State	\$0	\$0	\$0
Other Payers	\$765667655	\$463428423	\$302239232
Total	\$1960466836	\$1420484842	\$539981994

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$316090	\$-316090

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$174616	\$-174616

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1002996	\$3573120	\$-2570124
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	13
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2425

Statement Six: Charity Statement

Hospital Charity Charges	\$40300447
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11997443	
HCI Payments	\$0		
Subtotal	\$0	\$11997443	\$-11997443
Medicaid Shortfalls	\$72765205	\$106553489	
Subtotal	\$72765205	\$118550932	\$-45785727
DSH Payments	\$0		

Subtotal	\$72765205	\$118550932	\$-45785727
Medicare Shortfalls	\$76168939	\$85260215	
Other Government Programs	\$0	\$0	
Total	\$148934144	\$203811147	\$-54877003

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$17003060	\$20806979	\$-3803919
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments