



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

Year End: 12/31/2021 (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	\$1082614590
Outpatient Patient Service Revenue	\$1154111425
Total Gross Patient Service Revenue	\$2236726015

2. Deductions From Revenue

Contractual Allowance	\$-1683640826
Other Deductions	\$-39369429
Total Deductions	\$-1723010255

3. Total Operating Revenue

Net Patient Service Revenue	\$504611967
Other Operating Revenue	\$35647104
Total Operating Revenue	\$540259071

4. Operating Expenses

Salaries and Wages	\$150707687	Employee Benefits	\$36340165
Depreciation and Amortization	\$21774475	Interest Expense	\$120
Bad Debt	\$9103794	Other Expenses	\$251559223
Total Operating Expenses	\$469485464		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$70773606	Total Assets	\$810828442
Net Non-operating Gains over Loss	\$2146514	Total Liabilities	\$810828442
Total Net Gains	\$72920120		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1241073029	\$1031170275	\$209902754
Medicaid	\$433473195	\$334256685	\$99216510
Other Government	\$21660553	\$18704839	\$2955714
Other State	\$0	\$0	\$0
Other Payers	\$540519238	\$347982249	\$192536989
Total	\$2236726015	\$1732114048	\$504611967

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$783200	\$1531715	\$-748515

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$676007	\$1660279	\$-984272

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$4164924	\$14757489	\$-10592565
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	59
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	28142

Statement Six: Charity Statement

Hospital Charity Charges	\$42012837
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7593719	
HCI Payments	\$0		
Subtotal	\$0	\$7593719	\$-7593719
Medicaid Shortfalls	\$102026858	\$103134558	
Subtotal	\$102026858	\$110728277	\$-8701419
DSH Payments	\$0		

	Subtotal	\$102026858	\$110728277	\$-8701419
Medicare Shortfalls		\$120037619	\$121882938	
Other Government Programs		\$0	\$0	
	Total	\$222064477	\$232611215	\$-10546738

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$6836676	\$13088379	\$-6251703
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments