



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: 01/01/2021 (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: 15-1328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$64101837
Outpatient Patient Service Revenue	\$243707776
Total Gross Patient Service Revenue	\$307809613

2. Deductions From Revenue

Contractual Allowance	\$-208711113
Other Deductions	\$-6353202
Total Deductions	\$-215064315

3. Total Operating Revenue

Net Patient Service Revenue	\$87941520
Other Operating Revenue	\$9880248
Total Operating Revenue	\$97821768

4. Operating Expenses

Salaries and Wages	\$23749519	Employee Benefits	\$5258933
Depreciation and Amortization	\$1771551	Interest Expense	\$0
Bad Debt	\$4803778	Other Expenses	\$33313739
Total Operating Expenses	\$68897520		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$28924247	Total Assets	\$134098618
Net Non-operating Gains over Loss	\$565139	Total Liabilities	\$134098618
Total Net Gains	\$29489386		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$165741128	\$129672343	\$36068785
Medicaid	\$50985524	\$39589469	\$11396055
Other Government	\$3607742	\$2729166	\$878576
Other State	\$0	\$0	\$0
Other Payers	\$87475219	\$47877115	\$39598104
Total	\$307809613	\$219868093	\$87941520

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$22546	\$-22546

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	\$92193	\$-92193
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	164

Statement Six: Charity Statement

Hospital Charity Charges	\$6353202
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1313842	
HCI Payments	\$0		
Subtotal	\$0	\$1313842	\$-1313842
Medicaid Shortfalls	\$11496641	\$14043318	
Subtotal	\$11496641	\$15357160	\$-3860519
DSH Payments	\$0		

Subtotal	\$11496641	\$15357160	\$-3860519
Medicare Shortfalls	\$23253987	\$22512980	
Other Government Programs	\$0	\$0	
Total	\$34750628	\$37870140	\$-3119512

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1430905	\$2646637	\$-1215732
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments