



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 FRANKFORT HOSPITAL

City of Hospital: Frankfort

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: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10976224
Outpatient Patient Service Revenue	\$61879824
Total Gross Patient Service Revenue	\$72856048

2. Deductions From Revenue

Contractual Allowance	\$-42562401
Other Deductions	\$368676
Total Deductions	\$-42193725

3. Total Operating Revenue

Net Patient Service Revenue	\$28339947
Other Operating Revenue	\$4352747
Total Operating Revenue	\$32692694

4. Operating Expenses

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Salaries and Wages	\$7944824	Employee Benefits	\$1829488
Depreciation and Amortization	\$2061112	Interest Expense	\$8979
Bad Debt	\$2322376	Other Expenses	\$11014209
Total Operating Expenses	\$25180988		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7511705	Total Assets	\$26183351
Net Non-operating Gains over Loss	\$13084	Total Liabilities	\$26183351
Total Net Gains	\$7524789		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32477195	\$19390619	\$13086576
Medicaid	\$17760733	\$11464048	\$6296685
Other Government	\$506781	\$317765	\$189016
Other State	\$0	\$0	\$0
Other Payers	\$22111339	\$13343669	\$8767670
Total	\$72856048	\$44516101	\$28339947

Statement Three: Donations Statement

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

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	\$0	\$0
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	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1816291
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$593564	
HCI Payments	\$0		
Subtotal	\$0	\$593564	\$-593564
Medicaid Shortfalls	\$6393247	\$6695925	
Subtotal	\$6393247	\$7289489	\$-896242
DSH Payments	\$0		

	Subtotal	\$6393247	\$7289489	\$-896242
Medicare Shortfalls		\$7947979	\$7775435	
Other Government Programs		\$0	\$0	
	Total	\$14341226	\$15064924	\$-723698

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