



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 NORTH HOSPITAL

City of Hospital: Carmel

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: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$439884184
Outpatient Patient Service Revenue	\$830212299
Total Gross Patient Service Revenue	\$1270096483

2. Deductions From Revenue

Contractual Allowance	\$-869275057
Other Deductions	\$-16060483
Total Deductions	\$-885335540

3. Total Operating Revenue

Net Patient Service Revenue	\$376802413
Other Operating Revenue	\$5752896
Total Operating Revenue	\$382555309

4. Operating Expenses

Salaries and Wages	\$77859874	Employee Benefits	\$17491571
Depreciation and Amortization	\$15418384	Interest Expense	\$0
Bad Debt	\$7958529	Other Expenses	\$150040278
Total Operating Expenses	\$268768636		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$113786673	Total Assets	\$638897229
Net Non-operating Gains over Loss	\$-294057	Total Liabilities	\$638897229
Total Net Gains	\$113492616		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$490736043	\$418382445	\$72353598
Medicaid	\$146285111	\$115760943	\$30524168
Other Government	\$7221644	\$6114738	\$1106906
Other State	\$0	\$0	\$0
Other Payers	\$625853685	\$353035944	\$272817741
Total	\$1270096483	\$893294070	\$376802413

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$101515	\$-101515

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	\$347957	\$-347957
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	2799

Statement Six: Charity Statement

Hospital Charity Charges	\$16060483
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3631275	
HCI Payments	\$0		
Subtotal	\$0	\$3631275	\$-3631275
Medicaid Shortfalls	\$31247571	\$45934296	
Subtotal	\$31247571	\$49565571	\$-18318000
DSH Payments	\$0		

Subtotal	\$31247571	\$49565571	\$-18318000
Medicare Shortfalls	\$48018116	\$63007990	
Other Government Programs	\$0	\$0	
Total	\$79265687	\$112573561	\$-33307874

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