



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 TIPTON HOSPITAL

City of Hospital: Tipton

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: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21372833
Outpatient Patient Service Revenue	\$123084628
Total Gross Patient Service Revenue	\$144457461

2. Deductions From Revenue

Contractual Allowance	\$-90941171
Other Deductions	\$-2300222
Total Deductions	\$-93241393

3. Total Operating Revenue

Net Patient Service Revenue	\$48114168
Other Operating Revenue	\$4710364
Total Operating Revenue	\$52824532

4. Operating Expenses

Salaries and Wages	\$12601390	Employee Benefits	\$3150183
Depreciation and Amortization	\$1610409	Interest Expense	\$611654
Bad Debt	\$3101899	Other Expenses	\$21581449
Total Operating Expenses	\$42656984		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10167548	Total Assets	\$87383510
Net Non-operating Gains over Loss	\$704463	Total Liabilities	\$87383510
Total Net Gains	\$10872011		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$75566601	\$52965589	\$22601012
Medicaid	\$28085154	\$23220261	\$4864893
Other Government	\$1007049	\$716097	\$290952
Other State	\$0	\$0	\$0
Other Payers	\$39798657	\$19441346	\$20357311
Total	\$144457461	\$96343293	\$48114168

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$175160	\$-175160

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	\$256618	\$-256618
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	3

Statement Six: Charity Statement

Hospital Charity Charges	\$2300222
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$784146	
HCI Payments	\$0		
Subtotal	\$0	\$784146	\$-784146
Medicaid Shortfalls	\$4936412	\$10840670	
Subtotal	\$4936412	\$11624816	\$-6688404
DSH Payments	\$0		

Subtotal	\$4936412	\$11624816	\$-6688404
Medicare Shortfalls	\$14803062	\$14912775	
Other Government Programs	\$0	\$0	
Total	\$19739474	\$26537591	\$-6798117

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$212252	\$3195221	\$-2982969
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments