



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: METHODIST HOSPITAL NORTHLAKE CAMPUS

City of Hospital: Gary

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

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Linda Milenkovski

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Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$671394832
Outpatient Patient Service Revenue	\$745876116
Total Gross Patient Service Revenue	\$1417270948

2. Deductions From Revenue

Contractual Allowance	\$1092225301
Other Deductions	\$32126671
Total Deductions	\$1124351972

3. Total Operating Revenue

Net Patient Service Revenue	\$358541129
Other Operating Revenue	\$27917703
Total Operating Revenue	\$386458832

4. Operating Expenses

Salaries and Wages	\$149750107	Employee Benefits	\$38524081
Depreciation and Amortization	\$17014275	Interest Expense	\$2049496
Bad Debt	\$16347471	Other Expenses	\$279724
Total Operating Expenses	\$223965154		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$469514	Total Assets	\$446729247
Net Non-operating Gains over Loss	\$9513331	Total Liabilities	\$0
Total Net Gains	\$9982845		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$740541751	\$609547772	\$130993979
Medicaid	\$400179719	\$338271510	\$61908209
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$276549478	\$165079791	\$111469687
Total	\$1417270948	\$1112899073	\$304371875

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	\$18691901
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4688289	
HCI Payments	\$0		
Subtotal	\$0	\$4688289	\$-4688289
Medicaid Shortfalls	\$99748177	\$127826276	
Subtotal	\$99748177	\$132514565	\$-32766388
DSH Payments	\$37,767,706		

Subtotal	\$137515883	\$132514565	\$5001318
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$137515883	\$132514565	\$5001318

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$379249	\$-379249
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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