



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

*City of Hospital:* Bloomington

*Year Begin:* 01/01/2010 (mm/dd/yyyy format)

*Year End:* 12/31/2010 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-0051

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$335720839
Outpatient Patient Service Revenue	\$323583253
Total Gross Patient Service Revenue	\$659304092

#### 2. Deductions From Revenue

Contractual Allowance	\$317632112
Other Deductions	\$24239790
Total Deductions	\$341871902

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$317432190
Other Operating Revenue	\$9777000
Total Operating Revenue	\$327209190

#### 4. Operating Expenses

Salaries and Wages	\$123691441	Employee Benefits	\$41039985
Depreciation and Amortization	\$17220108	Interest Expense	\$2971293
Bad Debt	\$23587274	Other Expenses	\$100639899
Total Operating Expenses	\$309150000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$18059190	Total Assets	\$331749000
Net Non-operating Gains over Loss	\$11888810	Total Liabilities	\$104732000
Total Net Gains	\$29948000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$297464192	\$199313543	\$98150649
Medicaid	\$69098165	\$55732866	\$13365299
Other Government	\$0	\$0	\$0
Other State	\$8977666	\$6626541	\$2351125
Other Payers	\$283764069	\$80198952	\$203565117
Total	\$659304092	\$341871902	\$317432190

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$734744	\$118163	\$616581

**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	\$3200	\$463226	\$-460026
Hospital Patients	\$0	\$299584	\$-299584
Community Education	\$15415	\$509814	\$-494399

Number of Medical Professionals Trained	3171
Number of Hospital Patients Educated	988
Number of Citizens Exposed to Health Education Messages	39053

**Statement Six: Charity Statement**

Hospital Charity Charges	\$24239790
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9713975	
HCI Payments	\$0		
Subtotal	\$0	\$9713975	\$-9713975
Medicaid Shortfalls	\$13365299	\$29508996	
Subtotal	\$13365299	\$39222971	\$-25857672
DSH Payments	\$0		
Subtotal	\$13365299	\$39222971	\$-25857672
Medicare Shortfalls	\$89237256	\$112827610	
Other Government Programs	\$2351125	\$3123986	
Total	\$104953680	\$155174567	\$-50220887

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4826419	\$9098673	\$-4272254
Community Assessment	\$0	\$344467	\$-344467
Provision of Taxes	\$0	\$552598	\$-552598
Other Allocations	\$0	\$0	\$0