



## Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)  
 Indiana State Department of Health  
 Indiana Code 16-21-9

### I. Identification of Nonprofit Hospital

*Hospital Name:* INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

*City of Hospital:* Bloomington

*Name of Charity Benefit Rep:* Ms. Carol Weiss-Kennedy

*Telephone Number:* (812) 353-9371 x\_\_\_\_

*Year of Statement:* 2010

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"?  Yes  No

### II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	11/15/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Original long-range hospital objectives for charity care	11/15/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hospital Mission Statement	11/15/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
List of Communities Served	11/15/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Needs Assessment	11/15/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Copy of Charity Care Policy	11/15/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Statement of Public Notice	11/15/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No

### III. Identification of New Objectives (optional)

### IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2008	2009	2010
Person Served in twelve-month period	3203	2623	3339
Charity Care Allocation	\$8,434,365	\$8,075,201	\$9,713,975

### V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Community Health Improvement Services and Commu	\$1,268,516
2.) Health Professions Education	\$460,026
3.) Subsidized Health Services	\$6,192,668
4.) Financial and In-Kind Contributions	\$118,163
5.)	\$0

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes  No

If applicable, address of hospital web site that contains information on community benefits. [www.iuhealthblooming](http://www.iuhealthblooming)

### VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

