



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: INDIANA HEART HOSPITAL, LLC

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 150154

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$198140912
Outpatient Patient Service Revenue	\$175655775
Total Gross Patient Service Revenue	\$373796687

#### 2. Deductions From Revenue

Contractual Allowance	\$240037440
Other Deductions	\$3592865
Total Deductions	\$243630305

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$130166382
Other Operating Revenue	\$3853737
Total Operating Revenue	\$134020119

#### 4. Operating Expenses

Salaries and Wages	\$21185717	Employee Benefits	\$6240563
Depreciation and Amortization	\$3937220	Interest Expense	\$2964621
Bad Debt	\$5559449	Other Expenses	\$57529772
Total Operating Expenses	\$97417342		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$36602777	Total Assets	\$60490657
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$25135889
Total Net Gains	\$36602777		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$221087610	\$172270437	\$48817173
Medicaid	\$22182361	\$19179424	\$3002937
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$130526716	\$52180444	\$78346272
Total	\$373796687	\$243630305	\$130166382

**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	\$15000	\$-15000
Hospital Patients	\$0	\$500000	\$-500000
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	40
Number of Hospital Patients Educated	20000
Number of Citizens Exposed to Health Education Messages	

**Statement Six: Charity Statement**

Hospital Charity Charges	\$3592865
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3592865	
HCI Payments	\$0		
Subtotal	\$0	\$3592865	\$-3592865
Medicaid Shortfalls	\$3002937	\$4150139	
Subtotal	\$3002937	\$7743004	\$-4740067
DSH Payments	\$0		
Subtotal	\$3002937	\$7743004	\$-4740067
Medicare Shortfalls	\$48817173	\$22476253	
Other Government Programs	\$0	\$0	
Total	\$51820110	\$30219257	\$21600853

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$10000	\$-10000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0