



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 BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

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

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

Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$622455000
Outpatient Patient Service Revenue	\$410455000
Total Gross Patient Service Revenue	\$1032910000

2. Deductions From Revenue

Contractual Allowance	\$650034000
Other Deductions	\$45574000
Total Deductions	\$695608000

3. Total Operating Revenue

Net Patient Service Revenue	\$337302000
Other Operating Revenue	\$29535000
Total Operating Revenue	\$366837000

4. Operating Expenses

Salaries and Wages	\$97660000	Employee Benefits	\$27675000
Depreciation and Amortization	\$19056000	Interest Expense	\$5993000
Bad Debt	\$37686000	Other Expenses	\$149447000
Total Operating Expenses	\$337517000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$29319000	Total Assets	\$311704000
Net Non-operating Gains over Loss	\$720000	Total Liabilities	\$218212000
Total Net Gains	\$30039000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$508642000	\$392950000	\$115692000
Medicaid	\$142140000	\$122371000	\$19769000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$382128000	\$180287000	\$201841000
Total	\$1032910000	\$695608000	\$337302000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$69326	\$-69326

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$100000	\$633565	\$-533565

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2748000	\$8527000	\$-5779000
Hospital Patients	\$4000	\$168000	\$-164000
Community Education	\$0	\$24000	\$-24000

Number of Medical Professionals Trained	2030
Number of Hospital Patients Educated	10941
Number of Citizens Exposed to Health Education Messages	1272

Statement Six: Charity Statement

Hospital Charity Charges	\$45574000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12761000	
HCI Payments	\$0		
Subtotal	\$0	\$12761000	\$-12761000
Medicaid Shortfalls	\$28369000	\$48166000	
Subtotal	\$28369000	\$60927000	\$-32558000
DSH Payments	\$14,407,000		
Subtotal	\$42776000	\$60927000	\$-18151000
Medicare Shortfalls	\$104010000	\$106172000	
Other Government Programs	\$0	\$0	
Total	\$146786000	\$167099000	\$-20313000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$492000	\$-492000
Other Allocations	\$0	\$0	\$0