



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 BEDFORD HOSPITAL

City of Hospital: Bedford

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

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

Medicare Provider Number: 15-1328,15Z328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$31000010
Outpatient Patient Service Revenue	\$113051601
Total Gross Patient Service Revenue	\$144051611

2. Deductions From Revenue

Contractual Allowance	\$84220352
Other Deductions	\$7843448
Total Deductions	\$92063800

3. Total Operating Revenue

Net Patient Service Revenue	\$51987811
Other Operating Revenue	\$514776
Total Operating Revenue	\$52502587

4. Operating Expenses

Salaries and Wages	\$25615163	Employee Benefits	\$6026173
Depreciation and Amortization	\$2096650	Interest Expense	\$553178
Bad Debt	\$151214	Other Expenses	\$16038855
Total Operating Expenses	\$50481233		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2021354	Total Assets	\$34329615
Net Non-operating Gains over Loss	\$36322	Total Liabilities	\$13007526
Total Net Gains	\$2057676		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$67946927	\$46287608	\$21659319
Medicaid	\$16925049	\$15974579	\$950470
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$59179635	\$29801611	\$29378024
Total	\$144051611	\$92063798	\$51987813

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1870	\$-1870

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	\$98302	\$-98302
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$96891	\$-96891

Number of Medical Professionals Trained	5
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	4361

Statement Six: Charity Statement

Hospital Charity Charges	\$7843448
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2673831	
HCI Payments	\$0		
Subtotal	\$0	\$2673831	\$-2673831
Medicaid Shortfalls	\$950470	\$5769749	
Subtotal	\$950470	\$8443580	\$-7493110
DSH Payments	\$0		
Subtotal	\$950470	\$8443580	\$-7493110
Medicare Shortfalls	\$17571762	\$15802581	
Other Government Programs	\$0	\$0	
Total	\$18522232	\$24246161	\$-5723929

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2425	\$1285406	\$-1282981
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0