



## 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 METHODIST HOSPITAL

*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:* 15-0056

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3185093000
Outpatient Patient Service Revenue	\$2092564000
Total Gross Patient Service Revenue	\$5277657000

#### 2. Deductions From Revenue

Contractual Allowance	\$2945966000
Other Deductions	\$214350000
Total Deductions	\$3160316000

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$2117341000
Other Operating Revenue	\$342173000
Total Operating Revenue	\$2459514000

#### 4. Operating Expenses

Salaries and Wages	\$790184000	Employee Benefits	\$193301000
Depreciation and Amortization	\$140528000	Interest Expense	\$39642000
Bad Debt	\$74207000	Other Expenses	\$1079425000
Total Operating Expenses	\$2317287000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$142227000	Total Assets	\$4630947000
Net Non-operating Gains over Loss	\$70261000	Total Liabilities	\$2737892000
Total Net Gains	\$212488000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$1740743000	\$1277911000	\$462832000
Medicaid	\$1243129000	\$812630000	\$430499000
Other Government	\$114268000	\$69089000	\$45179000
Other State	\$0	\$0	\$0
Other Payers	\$2179517000	\$1000686000	\$1178831000
Total	\$5277657000	\$3160316000	\$2117341000

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3254000	\$-3254000

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$17367000	\$-17367000

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$14101000	\$67921000	\$-53820000
Hospital Patients	\$5690	\$8474000	\$-8468310
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	8112
Number of Hospital Patients Educated	148887
Number of Citizens Exposed to Health Education Messages	536

### Statement Six: Charity Statement

Hospital Charity Charges	\$214349000
--------------------------	-------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$86533000	
HCI Payments	\$0		
Subtotal	\$0	\$86533000	\$-86533000
Medicaid Shortfalls	\$241130000	\$600486000	
Subtotal	\$241130000	\$687019000	\$-445889000
DSH Payments	\$203,166,000		
Subtotal	\$444296000	\$687019000	\$-242723000
Medicare Shortfalls	\$379416569	\$409789885	
Other Government Programs	\$0	\$0	
Total	\$823712569	\$1096808885	\$-273096316

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$55734000	\$-55734000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2722000	\$-2722000
Other Allocations	\$0	\$0	\$0