



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 PAOLI HOSPITAL

City of Hospital: Paoli

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

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

Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5913855	Contractual Allowance	\$25046264
Outpatient Patient Service Revenue	\$51130154	Other Deductions	\$3720476
Total Gross Patient Service Revenue	\$57044009	Total Deductions	\$28766740

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$28277269
Other Operating Revenue	\$372358
Total Operating Revenue	\$28649627

4. Operating Expenses

Salaries and Wages	\$10807591	Employee Benefits	\$3864792
Depreciation and Amortization	\$1152553	Interest Expense	\$30030
Bad Debt	\$3286054	Other Expenses	\$6176057
Total Operating Expenses	\$25317077		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3332550	Total Assets	\$29986098
Net Non-operating Gains over Loss	\$-56373	Total Liabilities	\$8012652
Total Net Gains	\$3276177		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$22976599	\$11473019	\$11503580
Medicaid	\$10517990	\$8272823	\$2245167
Other Government	\$	\$0	\$0
Other State	\$1526315	\$810537	\$715778
Other Payers	\$22023164	\$4489885	\$17533279
Total	\$33494529	\$25046264	\$8448265

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$56591	\$131206	\$-74615

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	\$1757	\$-1757
Hospital Patients	\$0	\$6435	\$-6435
Community Education	\$0	\$87125	\$-87125

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	559
Number of Citizens Exposed to Health Education Messages	8711

Statement Six: Charity Statement

Hospital Charity Charges	\$3720476
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1349815	
HCI Payments	\$0		
Subtotal	\$0	\$1349815	\$-1349815
Medicaid Shortfalls	\$1876768	\$4351851	
Subtotal	\$1876768	\$5701666	\$-3824898
DSH Payments	\$2,176,638		
Subtotal	\$4053406	\$5701666	\$-1648260
Medicare Shortfalls	\$7074076	\$7026234	
Other Government Programs	\$216219	\$379769	
Total	\$11343701	\$13107669	\$-1763968

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1116796	\$1423755	\$-306959
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$10724	\$-10724
Other Allocations	\$0	\$0	\$0