



## 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 TIPTON HOSPITAL

City of Hospital: Tipton

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

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

Medicare Provider Number: 15-1311

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20550584	Contractual Allowance	\$35420886
Outpatient Patient Service Revenue	\$60441679	Other Deductions	\$0
Total Gross Patient Service Revenue	\$80992263	Total Deductions	\$35420886

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$39670320
Other Operating Revenue	\$1696782
Total Operating Revenue	\$41367102

#### 4. Operating Expenses

Salaries and Wages	\$17838002	Employee Benefits	\$4086198
Depreciation and Amortization	\$1190407	Interest Expense	\$311211
Bad Debt	\$3516141	Other Expenses	\$14114554
Total Operating Expenses	\$41056513		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3826730	Total Assets	\$12629278
Net Non-operating Gains over Loss	\$5159	Total Liabilities	\$21468766
Total Net Gains	\$3831889		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$39470910.57	\$16942103	\$22528807.57
Medicaid	\$6433065	\$6602449	\$-169384
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$31515165.86	\$11876334	\$19638831.86
Total	\$77419141.43	\$35420886	\$41998255.43

**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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	374
Number of Hospital Patients Educated	39417
Number of Citizens Exposed to Health Education Messages	60000

**Statement Six: Charity Statement**

Hospital Charity Charges	\$2384916
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2384916	
HCI Payments	\$0		
Subtotal	\$0	\$2384916	\$-2384916
Medicaid Shortfalls	\$640358.4	\$6433065	
Subtotal	\$640358.4	\$8817981	\$-8177622.6
DSH Payments	\$0		
Subtotal	\$640358.4	\$8817981	\$-8177622.6
Medicare Shortfalls	\$12422152	\$12870922	
Other Government Programs	\$0	\$0	
Total	\$13062510.4	\$21688903	\$-8626392.6

**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	\$121557.75	\$-121557.75
Other Allocations	\$0	\$0	\$0