



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH GOSHEN HOSPITAL

City of Hospital: Goshen

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
 Report: Ben May

Email Address: bmay4@iuhealth.org

Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$168403451
Outpatient Patient Service Revenue	\$306176416
Total Gross Patient Service Revenue	\$474579867

2. Deductions From Revenue

Contractual Allowance	\$222462896
Other Deductions	\$10773177
Total Deductions	\$233236073

3. Total Operating Revenue

Net Patient Service Revenue	\$241343793
Other Operating Revenue	\$5728095
Total Operating Revenue	\$247071888

4. Operating Expenses

Salaries and Wages	\$60733211	Employee Benefits	\$18673466
Depreciation and Amortization	\$10533210	Interest Expense	\$1964383
Bad Debt	\$21496206	Other Expenses	\$95107715
Total Operating Expenses	\$208508191		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38563697	Total Assets	\$253259700
Net Non-operating Gains over Loss	\$8302403	Total Liabilities	\$68159415
Total Net Gains	\$46866100		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$211434033	\$158845083	\$52588950
Medicaid	\$41873062	\$9121823	\$32751239
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$221272772	\$54495990	\$166776782
Total	\$474579867	\$222462896	\$252116971

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$55324	\$0	\$55324

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$346346	\$494714	\$-148368

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	\$196071	\$811642	\$-615571

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

Statement Six: Charity Statement

Hospital Charity Charges	\$9878581
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6000250	
HCI Payments	\$0		
Subtotal	\$0	\$6000250	\$-6000250
Medicaid Shortfalls	\$0	\$48745	
Subtotal	\$0	\$3927076	\$-3927076
DSH Payments	\$0		
Subtotal	\$0	\$3927076	\$-3927076
Medicare Shortfalls	\$0	\$-6039900	
Other Government Programs	\$0	\$0	
Total	\$0	\$-2112824	\$2112824

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	\$0	\$0
Other Allocations	\$0	\$0	\$0

