



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: LUTHERAN HOSPITAL OF INDIANA

City of Hospital: Fort Wayne

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

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

Person Completing the Report: Karen Till

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Medicare Provider Number: 15-0017

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1067144623
Outpatient Patient Service Revenue	\$626111602
Total Gross Patient Service Revenue	\$1693256225

2. Deductions From Revenue

Contractual Allowance	\$1159636568
Other Deductions	\$7558435
Total Deductions	\$1167195003

3. Total Operating Revenue

Net Patient Service Revenue	\$526061222
Other Operating Revenue	\$6940068
Total Operating Revenue	\$533001290

4. Operating Expenses

Salaries and Wages	\$105829897	Employee Benefits	\$21482003
Depreciation and Amortization	\$21265350	Interest Expense	\$1902088
Bad Debt	\$29186431	Other Expenses	\$179663900
Total Operating Expenses	\$359329669		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$173671621	Total Assets	\$376702872
Net Non-operating Gains over Loss	\$-403583	Total Liabilities	\$376702872
Total Net Gains	\$173268038		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$514241555	\$423314339	\$90927216
Medicaid	\$196480748	\$139289419	\$57191329
Other Government	\$37833755	\$27867081	\$9966674
Other State	\$0	\$0	\$0
Other Payers	\$944700167	\$576724165	\$367976002
Total	\$1693256225	\$1167195004	\$526061221

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2425	\$0	\$2425

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$32625	\$178451	\$-145826

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2969729	\$-2969729
Hospital Patients	\$0	\$470072	\$-470072
Community Education	\$284099	\$735994	\$-451895

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Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	662
Number of Citizens Exposed to Health Education Messages	6372

Statement Six: Charity Statement

Hospital Charity Charges	\$7558435
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1442729	
HCI Payments	\$0		
Subtotal	\$0	\$1442729	\$-1442729
Medicaid Shortfalls	\$57191329	\$37503598	
Subtotal	\$57191329	\$38946327	\$18245002
DSH Payments	\$0		
Subtotal	\$57191329	\$38946327	\$18245002
Medicare Shortfalls	\$90927216	\$98156734	
Other Government Programs	\$377942676	\$187542838	
Total	\$526061221	\$324645899	\$201415322

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	\$7231887	\$-7231887
Other Allocations	\$0	\$0	\$0

Comments



