



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 MORGAN HOSPITAL INC

City of Hospital: Martinsville

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Stacy Oelke

Email Address: soelke1@iuhealth.org

Medicare Provider Number: 15-0038

Statement One: Summary of Revenue and Expenses
--

## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$27175726
Outpatient Patient Service Revenue	\$96788808
Total Gross Patient Service Revenue	\$123964534

## 2. Deductions From Revenue

Contractual Allowance	\$83674717
Other Deductions	\$-6587410
Total Deductions	\$77087307

## 3. Total Operating Revenue

Net Patient Service Revenue	\$46877227
Other Operating Revenue	\$1603950
Total Operating Revenue	\$48481177

## 4. Operating Expenses

Salaries and Wages	\$15310162	Employee Benefits	\$3695871
Depreciation and Amortization	\$2608035	Interest Expense	\$19123
Bad Debt	\$8664686	Other Expenses	\$15207839
Total Operating Expenses	\$45505716		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2975461	Total Assets	\$40692547
Net Non-operating Gains over Loss	\$262208	Total Liabilities	\$5573822
Total Net Gains	\$3237669		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$56025181	\$43769720	\$12255461
Medicaid	\$21575406	\$19456761	\$2118645
Other Government	\$2972466	\$2228934	\$743532
Other State	\$0	\$0	\$0
Other Payers	\$43391481	\$18219302	\$25172179
Total	\$123964534	\$83674717	\$40289817

## 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	\$16624	\$27720	\$-11096
Hospital Patients	\$0	\$368	\$-368
Community Education	\$9622	\$88331	\$-78709

--	--

Number of Medical Professionals Trained	450
Number of Hospital Patients Educated	63176
Number of Citizens Exposed to Health Education Messages	75000

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$1696592
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1661143	
HCI Payments	\$0		
Subtotal	\$0	\$1661143	\$-1661143
Medicaid Shortfalls	\$0	\$855759	
Subtotal	\$0	\$2516902	\$-2516902
DSH Payments	\$6,055,867		
Subtotal	\$6055867	\$2516902	\$3538965
Medicare Shortfalls	\$0	\$506008	
Other Government Programs	\$0	\$4326	
Total	\$6055867	\$3027236	\$3028631

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	\$18835	\$-18835
Other Allocations	\$0	\$0	\$0

Comments



