



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 PAOLI HOSPITAL

City of Hospital: Paoli

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

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

Person Completing the Report: Sue Brock

Email Address: sbrock1@iuhealth..org

Medicare Provider Number: 15-1306

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

Inpatient Patient Service Revenue	\$5720127
Outpatient Patient Service Revenue	\$49905355
Total Gross Patient Service Revenue	\$55625482

## 2. Deductions From Revenue

Contractual Allowance	\$24063537
Other Deductions	\$4745075
Total Deductions	\$28808612

## 3. Total Operating Revenue

Net Patient Service Revenue	\$26816870
Other Operating Revenue	\$707221
Total Operating Revenue	\$27524091

## 4. Operating Expenses

Salaries and Wages	\$10280877	Employee Benefits	\$2949260
Depreciation and Amortization	\$1130915	Interest Expense	\$20359
Bad Debt	\$1452301	Other Expenses	\$6479547
Total Operating Expenses	\$22313259		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5210832	Total Assets	\$38859672
Net Non-operating Gains over Loss	\$749009	Total Liabilities	\$7677024
Total Net Gains	\$5959841		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23645639	\$12193509	\$11452130
Medicaid	\$9746507	\$6478858	\$3267649
Other Government	\$0	\$0	\$0
Other State	\$1227921	\$997402	\$230519
Other Payers	\$21005415	\$4393768	\$16611647
Total	\$55625482	\$24063537	\$31561945

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$59820	\$49740	\$10080

## 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	\$672	-\$672
Hospital Patients	\$0	\$4739	-\$4739
Community Education	\$0	\$40551	-\$40551

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Number of Medical Professionals Trained	45
Number of Hospital Patients Educated	288
Number of Citizens Exposed to Health Education Messages	11016

Statement Six: Charity Statement
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Hospital Charity Charges	\$4745075
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1855187	
HCI Payments	\$0		
Subtotal	\$0	\$1855187	\$-1855187
Medicaid Shortfalls	\$3454060	\$4678320	
Subtotal	\$3454060	\$6533507	\$-3079447
DSH Payments	\$2,126,619		
Subtotal	\$5580679	\$6533507	\$-952828
Medicare Shortfalls	\$6841556	\$6996195	
Other Government Programs	\$193593	\$433701	
Total	\$12615828	\$13963403	\$-1347575

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1048908	\$1619886	\$-570978
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$14016	\$-14016
Other Allocations	\$0	\$0	\$0

Comments



