



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: UNION HOSPITAL, INC.

City of Hospital: Terre Haute

Year Begin: 09/01/2012 (mm/dd/yyyy format)

Year End: 08/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Jan Price

Email Address: fajac@uhhg.org

Medicare Provider Number: 15-0023, 15-T023

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

Inpatient Patient Service Revenue	\$504399386
Outpatient Patient Service Revenue	\$597012154
Total Gross Patient Service Revenue	\$1101411540

2. Deductions From Revenue

Contractual Allowance	\$663186573
Other Deductions	\$61792956
Total Deductions	\$724979529

3. Total Operating Revenue

Net Patient Service Revenue	\$376432011
Other Operating Revenue	\$8867445
Total Operating Revenue	\$385299456

4. Operating Expenses

Salaries and Wages	\$128954735	Employee Benefits	\$25045872
Depreciation and Amortization	\$24583521	Interest Expense	\$16222720
Bad Debt	\$0	Other Expenses	\$190035025
Total Operating Expenses	\$384841873		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$457587	Total Assets	\$467170552
Net Non-operating Gains over Loss	\$-81641	Total Liabilities	\$340498850
Total Net Gains	\$375946		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$517418536	\$369731819	\$147686717
Medicaid	\$156490034	\$110646968	\$45843066
Other Government	\$0	\$0	\$0
Other State	\$18886291	\$16827685	\$2058606
Other Payers	\$346823723	\$165980101	\$180843622
Total	\$1039618584	\$663186573	\$376432011

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$425614	\$-425614

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$219676	\$-219676

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2648762	\$9144876	\$-6496114
Hospital Patients	\$0	\$667614	\$-667614
Community Education	\$0	\$63687	\$-63687

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Number of Medical Professionals Trained	901
Number of Hospital Patients Educated	418326
Number of Citizens Exposed to Health Education Messages	7447

Statement Six: Charity Statement

Hospital Charity Charges	\$34080817
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11252206	
HCI Payments	\$0		
Subtotal	\$0	\$11252206	\$-11252206
Medicaid Shortfalls	\$0	\$31502829	
Subtotal	\$0	\$42755035	\$-42755035
DSH Payments	\$0		
Subtotal	\$0	\$42755035	\$-42755035
Medicare Shortfalls	\$0	\$172047239	
Other Government Programs	\$0	\$0	
Total	\$0	\$214802274	\$-214802274

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$6270218	\$-6270218
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$691707	\$-691707
Other Allocations	\$0	\$0	\$0

Comments



