



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 HEART HOSPITAL, LLC

City of Hospital: Indianapolis

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 09/30/2014 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecomunity.com

Medicare Provider Number: 15-0154

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$153745708
Outpatient Patient Service Revenue	\$128145322
Total Gross Patient Service Revenue	\$281891030

2. Deductions From Revenue

Contractual Allowance	\$185139694
Other Deductions	\$1162705
Total Deductions	\$186302399

3. Total Operating Revenue

Net Patient Service Revenue	\$95588631
Other Operating Revenue	\$1456649
Total Operating Revenue	\$97045280

4. Operating Expenses

Salaries and Wages	\$16684901	Employee Benefits	\$4964088
Depreciation and Amortization	\$2980120	Interest Expense	\$1853247
Bad Debt	\$4834242	Other Expenses	\$41978617
Total Operating Expenses	\$73295215		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$23750065	Total Assets	\$112760389
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$7429486
Total Net Gains	\$23750065		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$169669336	\$134345469	\$35323867
Medicaid	\$17549192	\$13197364	\$4351828
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$94672502	\$38759566	\$55912936
Total	\$281891030	\$186302399	\$95588631

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	\$44034	\$85113	\$-41079
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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	\$1162705
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$262771	
HCI Payments	\$0		
Subtotal	\$0	\$262771	\$-262771
Medicaid Shortfalls	\$4351829	\$6262963	
Subtotal	\$4351829	\$6525734	\$-2173905
DSH Payments	\$0		
Subtotal	\$4351829	\$6525734	\$-2173905
Medicare Shortfalls	\$35323867	\$38345270	
Other Government Programs	\$0	\$0	
Total	\$39675696	\$44871004	\$-5195308

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

Comments