



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 NORTH HOSPITAL

City of Hospital: City of Carmel

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

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Vadana (Dana) Patel

Email Address: vpatel4@iuhealth.org

Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|--|--------------------|
| Inpatient Patient Service Revenue | \$302067951 |
| Outpatient Patient Service Revenue | \$266207179 |
| Total Gross Patient Service Revenue | \$568275130 |

2. Deductions From Revenue

| | |
|-------------------------|--------------------|
| Contractual Allowance | \$326859314 |
| Other Deductions | \$10223003 |
| Total Deductions | \$337082317 |

3. Total Operating Revenue

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|--------------------------------|--------------------|
| Net Patient Service Revenue | \$231192813 |
| Other Operating Revenue | \$7652398 |
| Total Operating Revenue | \$238845211 |

4. Operating Expenses

| | | | |
|---------------------------------|--------------------|-------------------|------------|
| Salaries and Wages | \$50560155 | Employee Benefits | \$12397374 |
| Depreciation and Amortization | \$27485859 | Interest Expense | \$14664160 |
| Bad Debt | \$4979859 | Other Expenses | \$73501414 |
| Total Operating Expenses | \$183588821 | | |

5. Net Revenue and Expenses

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|--|--|--|--|
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|--|--|--|--|

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$55256390 | Total Assets | \$346523600 |
| Net Non-operating Gains over Loss | \$88715 | Total Liabilities | \$346523602 |
| Total Net Gains | \$55345105 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$176426473 | \$140388111 | \$36038362 |
| Medicaid | \$48580476 | \$41417204 | \$7163272 |
| Other Government | \$9360025 | \$7175385 | \$2184640 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$333908155 | \$148101616 | \$185806539 |
| Total | \$568275129 | \$337082316 | \$231192813 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$97042.00 | \$-97042 |

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 | \$482138.00 | \$-482138 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

| | |
|---|-------|
| Number of Medical Professionals Trained | 1 |
| Number of Hospital Patients Educated | |
| Number of Citizens Exposed to Health Education Messages | 57273 |

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| Statement Six: Charity Statement |
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|--------------------------|---------------|
| Hospital Charity Charges | \$10223003.00 |
|--------------------------|---------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$2950359.00 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$2950359.00 | \$-2950359 |
| Medicaid Shortfalls | \$15334921.00 | \$23897541.00 | |
| Subtotal | \$15334921 | \$26847900 | \$-11512979 |
| DSH Payments | \$0 | | |
| Subtotal | \$15334921 | \$26847900 | \$-11512979 |
| Medicare Shortfalls | \$26680931.00 | \$35604137.00 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$42015852 | \$62452037 | \$-20436185 |

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| 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 | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments