



## HOSPITAL FISCAL REPORT

State Form 49520 (R2/7-02)

Indiana State Department of Health

(Form Approved by State Board of Accounts, 2002)

### I. Identification of Organization

<b>Name of Hospital</b>		<b>Field1</b>	
City of Hospital		<b>Field2</b>	
Year Begin (xx/xx/xxxx)	<b>Field3</b>	Year End (xx/xx/xxxx)	<b>Field4</b>
Person Completing the Report		<b>Field5</b>	
E-Mail Address		<b>Field6</b>	
Medicare Provider Number		<b>Field7</b>	

<b>Statement One:</b>	<b>Summary of Revenue and Expenses</b>
-----------------------	--

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$ <b>Field8</b>	Contractual Allowance	\$ <b>Field9</b>
Outpatient Patient Service Revenue	\$ <b>Field10</b>	Other Deductions	\$ <b>Field11</b>
Total Gross Patient Service Revenue	\$ <b>Field12</b>	Total Deductions	\$ <b>Field13</b>

### 3. Total Operating Revenue

Net Patient Service Revenue	\$ <b>Field14</b>
Other Operating Revenue	\$ <b>Field16</b>
Total Operating Revenue	\$ <b>Field18</b>

4. Operating Expenses

Salaries and Wages	\$ <b>Field15</b>	Employee Benefits	\$ <b>Field17</b>
Depreciation and Amortization	\$ <b>Field19</b>	Interest Expense	\$ <b>Field20</b>
Bad Debt	\$ <b>Field21</b>	Other Expenses	\$ <b>Field22</b>
Total Operating Expenses	\$ <b>Field23</b>		

5. Net Revenue and Expenses		6. Assets and Liabilities	
Excess Revenue over Expenses	\$ <b>Field24</b>	Total Assets	\$ <b>Field25</b>
Net Non-operating Gains over Losses	\$ <b>Field26</b>	Total Liabilities	\$ <b>Field27</b>
Total Net Gain	\$ <b>Field28</b>		

Statement Two	Contractual Allowance
---------------	-----------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Revenue
Medicare	\$ <b>Field29</b>	\$ <b>Field30</b>	\$ <b>Field31</b>
Medicaid	\$ <b>Field32</b>	\$ <b>Field33</b>	\$ <b>Field34</b>
Other Government	\$ <b>Field35</b>	\$ <b>Field36</b>	\$ <b>Field37</b>
Other State	\$ <b>Field38</b>	\$ <b>Field39</b>	\$ <b>Field40</b>
Other Payers	\$ <b>Field41</b>	\$ <b>Field42</b>	\$ <b>Field43</b>
Total	\$ <b>Field44</b>	\$ <b>Field45</b>	\$ <b>Field46</b>

Statement Three	Donations Statement
-----------------	---------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$ <b>Field47</b>	\$ <b>Field48</b>	\$ <b>Field49</b>

Statement Four	Research Statement
----------------	--------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$ <b>Field50</b>	\$ <b>Field51</b>	\$ <b>Field52</b>

Statement Five:	Education Statement
-----------------	---------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$ <b>Field53</b>	\$ <b>Field54</b>	\$ <b>Field55</b>
Hospital Patients	\$ <b>Field56</b>	\$ <b>Field57</b>	\$ <b>Field58</b>
Community Education	\$ <b>Field59</b>	\$ <b>Field60</b>	\$ <b>Field61</b>

Number of Medical Professionals Trained	<b>Field62</b>
Number of Hospital Patients Educated	<b>Field63</b>
Number of Citizens Exposed to Health Education Messages	<b>Field64</b>

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

Hospital Charity Charges	\$ <b>Field65</b>
--------------------------	-------------------

	Adjustments		
	Payments From Clients	LESS Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$ <b>Field66</b>	\$ <b>Field67</b>	\$ <b>Field68</b>
HCI Payments	\$ <b>Field69</b>	\$ <b>Field70</b>	\$ <b>Field71</b>
Subtotal	\$ <b>Field72</b>	\$ <b>Field73</b>	\$ <b>Field74</b>
Medicaid Shortfalls	\$ <b>Field75</b>	\$ <b>Field76</b>	\$ <b>Field77</b>
Subtotal	\$ <b>Field78</b>	\$ <b>Field79</b>	\$ <b>Field80</b>
DSH Payments	\$ <b>Field81</b>	\$ <b>Field82</b>	\$ <b>Field83</b>
Subtotal	\$ <b>Field84</b>	\$ <b>Field85</b>	\$ <b>Field86</b>
Medicare Shortfalls	\$ <b>Field87</b>	\$ <b>Field88</b>	\$ <b>Field89</b>
Other Government Programs	\$ <b>Field90</b>	\$ <b>Field91</b>	\$ <b>Field92</b>
Total	\$ <b>Field93</b>	\$ <b>Field94</b>	\$ <b>Field95</b>

Statement Seven:	Subsidized Health Services for the Community
------------------	--

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$ <b>Field96</b>	\$ <b>Field97</b>	\$ <b>Field98</b>
Community Assessment	\$ <b>Field99</b>	\$ <b>Field100</b>	\$ <b>Field101</b>
Provision of Taxes	\$ <b>Field102</b>	\$ <b>Field103</b>	\$ <b>Field104</b>
Other Allocations	\$ <b>Field105</b>	\$ <b>Field106</b>	\$ <b>Field107</b>