



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 ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Jeni Bolton

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Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$98043008
Outpatient Patient Service Revenue	\$405121835
Total Gross Patient Service Revenue	\$503164843

2. Deductions From Revenue

Contractual Allowance	\$299651671
Other Deductions	\$611205
Total Deductions	\$300262876

3. Total Operating Revenue

Net Patient Service Revenue	\$202901967
Other Operating Revenue	\$3308710
Total Operating Revenue	\$206210677

4. Operating Expenses

Salaries and Wages	\$35703233	Employee Benefits	\$7029555
Depreciation and Amortization	\$7036957	Interest Expense	\$2284686
Bad Debt	\$6055484	Other Expenses	\$83123660
Total Operating Expenses	\$141233575		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$64977102	Total Assets	\$152705670
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$107098164
Total Net Gains	\$64977102		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$174954194	\$129633490	\$45320704
Medicaid	\$18183319	\$13335053	\$4848266
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$309753457	\$156594482	\$153158975
Total	\$502890970	\$299563025	\$203327945

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	\$185227	\$64818	\$120409

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$5184	\$-5184
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1817390	\$5302164	
HCI Payments	\$0		
Subtotal	\$1817390	\$5302164	\$-3484774
Medicaid Shortfalls	\$5005330	\$4819016	
Subtotal	\$6822720	\$10121180	\$-3298460
DSH Payments	\$0		

Subtotal	\$6822720	\$10121180	\$-3298460
Medicare Shortfalls	\$42513551	\$49302481	
Other Government Programs	\$0	\$0	
Total	\$49336271	\$59423661	\$-10087390

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