



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 BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Vadana (Dana) Patel

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Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$869754467
Outpatient Patient Service Revenue	\$713548273
Total Gross Patient Service Revenue	\$1583302740

2. Deductions From Revenue

Contractual Allowance	\$1137290664
Other Deductions	\$48179022
Total Deductions	\$1185469686

3. Total Operating Revenue

Net Patient Service Revenue	\$397833054
Other Operating Revenue	\$18018704
Total Operating Revenue	\$415851758

4. Operating Expenses

Salaries and Wages	\$100171888	Employee Benefits	\$25482226
Depreciation and Amortization	\$18707199	Interest Expense	\$2664802
Bad Debt	\$14860308	Other Expenses	\$159361785
Total Operating Expenses	\$321248208		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$94603550	Total Assets	\$452369915
Net Non-operating Gains over Loss	\$-55917	Total Liabilities	\$452369915

Total Net Gains	\$94547633
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$817120077	\$670492202	\$146627875
Medicaid	\$313516213	\$265234294	\$48281919
Other Government	\$17289938	\$14829661	\$2460277
Other State	\$0	\$0	\$0
Other Payers	\$435376512	\$234913530	\$200462982
Total	\$1583302740	\$1185469687	\$397833053

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$238764	\$-238764

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$692090	\$-692090

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$9407647	\$-9407647
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	68
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	65565

Statement Six: Charity Statement

Hospital Charity Charges	\$61315989
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10926509	
HCI Payments	\$0		
Subtotal	\$0	\$10926509	\$-10926509
Medicaid Shortfalls	\$78946696	\$68231034	
Subtotal	\$78946696	\$79157543	\$-210847
DSH Payments	\$0		
Subtotal	\$78946696	\$79157543	\$-210847
Medicare Shortfalls	\$119343540	\$110192198	
Other Government Programs	\$0	\$0	
Total	\$198290236	\$189349741	\$8940495

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

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