



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: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Shonna Caponegro

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Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13846896.79
Outpatient Patient Service Revenue	\$271140446
Total Gross Patient Service Revenue	\$284987342.79

2. Deductions From Revenue

Contractual Allowance	\$225348851
Other Deductions	\$1664760
Total Deductions	\$227013611

3. Total Operating Revenue

Net Patient Service Revenue	\$182595796
Other Operating Revenue	\$2874144
Total Operating Revenue	\$185469940

4. Operating Expenses

Salaries and Wages	\$29234315	Employee Benefits	\$6152824
Depreciation and Amortization	\$2724754	Interest Expense	\$48458
Bad Debt	\$3659904	Other Expenses	\$72032345
Total Operating Expenses	\$113852600		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$71617340	Total Assets	\$57523756
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$12757759

Total Net Gains	\$71617340
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$142209027	\$102807229	\$39401798
Medicaid	\$3104657	\$3142071	\$-37414
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$264295723	\$121064311	\$143231412
Total	\$409609407	\$227013611	\$182595796

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	\$116746	\$118444	\$-1698

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	\$15955	\$-15955
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	1568
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	\$4235481	\$3237809	
HCI Payments	\$0		
Subtotal	\$4235481	\$3237809	\$997672
Medicaid Shortfalls	\$774961	\$800440	
Subtotal	\$5010442	\$4038249	\$972193
DSH Payments	\$0		
Subtotal	\$5010442	\$4038249	\$972193
Medicare Shortfalls	\$37113588	\$39971086	
Other Government Programs	\$0	\$0	
Total	\$42124030	\$44009335	\$-1885305

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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