



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* INDIANA HEART HOSPITAL, THE

*City of Hospital:* Indianapolis

*Year Begin:* 01/01/2008 (mm/dd/yyyy format)

*Year End:* 12/31/2008 (mm/dd/yyyy format)

*Medicare Provider Number:* 150154

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$160248297
Outpatient Patient Service Revenue	\$108452775
<b>Total Gross Patient Service Revenue</b>	<b>\$268701072</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$115503393
Other Deductions	\$48674672
<b>Total Deductions</b>	<b>\$164178065</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$104523007
Other Operating Revenue	\$2321356
<b>Total Operating Revenue</b>	<b>\$106844363</b>

#### 4. Operating Expenses

Salaries and Wages	\$24128224	Employee Benefits	\$4665008
Depreciation and Amortization	\$6370576	Interest Expense	\$3408597
Bad Debt	\$2906080	Other Expenses	\$55156306
<b>Total Operating Expenses</b>	<b>\$96634791</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10209573	Total Assets	\$66574593
Net Non-operating Gains over Loss	\$-505194	Total Liabilities	\$50299293
<b>Total Net Gains</b>	<b>\$9704379</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$147704316	\$34022848	\$113681468
Medicaid	\$9244467	\$6930369	\$2314098
Other Government	\$2459525	\$428635	\$2030890
Other State	\$0	\$0	\$0
Other Payers	\$109292764	\$31956402	\$77336362
Total	\$268701072	\$73338254	\$195362818

### 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	\$172207	\$323534	\$-151327

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$12000	\$-12000
Hospital Patients	\$0	\$363074	\$-363074
Community Education	\$164	\$0	\$164

Number of Medical Professionals Trained	32
Number of Hospital Patients Educated	18341
Number of Citizens Exposed to Health Education Messages	824

### 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	\$0	\$2287000	
HCI Payments	\$0		
Subtotal	\$0	\$2287000	\$-2287000
Medicaid Shortfalls	\$0	\$1698740	
Subtotal	\$0	\$3985740	\$-3985740
DSH Payments	\$0		
Subtotal	\$0	\$3985740	\$-3985740
Medicare Shortfalls	\$0	\$12216808	
Other Government Programs	\$0	\$0	
Total	\$0	\$16202548	\$-16202548

<b>Statement Seven: Subsidized Health Services for the Community</b>
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$637	\$1688	\$-1051
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0