



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BEDFORD HOSPITAL

City of Hospital: Bedford

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-1328,15Z328

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$30843302
Outpatient Patient Service Revenue	\$105925513
Total Gross Patient Service Revenue	\$136768815

2. Deductions From Revenue

Contractual Allowance	\$77035684
Other Deductions	\$9497019
Total Deductions	\$86532703

3. Total Operating Revenue

Net Patient Service Revenue	\$50236112
Other Operating Revenue	\$578431
Total Operating Revenue	\$50814543

4. Operating Expenses

Salaries and Wages	\$24695582	Employee Benefits	\$6143005
Depreciation and Amortization	\$2147262	Interest Expense	\$649061
Bad Debt	\$-1426392	Other Expenses	\$15344503
Total Operating Expenses	\$47553021		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3261522	Total Assets	\$33577272
Net Non-operating Gains over Loss	\$77919	Total Liabilities	\$14332762
Total Net Gains	\$3339441		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$63437941	\$41623701	\$21814240
Medicaid	\$15500898	\$14865722	\$635176
Other Government	\$2647925	\$1375625	\$1272300
Other State	\$0	\$0	\$0
Other Payers	\$55182051	\$28667657	\$26514394
Total	\$136768815	\$86532705	\$50236110

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1380	\$-1380

Statement Four: Research Statement

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

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$9557	\$-9557
Hospital Patients	\$0	\$0	\$0
Community Education	\$1780	\$469369	\$-467589

Number of Medical Professionals Trained	45
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	1072

Statement Six: Charity Statement

Hospital Charity Charges	\$9497019
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3333454	
HCI Payments	\$0		
Subtotal	\$0	\$3333454	\$-3333454
Medicaid Shortfalls	\$635176	\$5440815	
Subtotal	\$635176	\$8774269	\$-8139093
DSH Payments	\$0		
Subtotal	\$635176	\$8774269	\$-8139093
Medicare Shortfalls	\$16015256	\$14934390	
Other Government Programs	\$0	\$0	
Total	\$16650432	\$23708659	\$-7058227

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$500292	\$-500292
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0