



## 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 BLACKFORD HOSPITAL

*City of Hospital:* Hartford City

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

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

*Medicare Provider Number:* 15-1302

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10169000
Outpatient Patient Service Revenue	\$33211000
<b>Total Gross Patient Service Revenue</b>	<b>\$43380000</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$22988000
Other Deductions	\$1798000
<b>Total Deductions</b>	<b>\$24786000</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$18594000
Other Operating Revenue	\$276000
<b>Total Operating Revenue</b>	<b>\$18870000</b>

#### 4. Operating Expenses

Salaries and Wages	\$6049000	Employee Benefits	\$1801000
Depreciation and Amortization	\$1320000	Interest Expense	\$196000
Bad Debt	\$3702000	Other Expenses	\$7157000
<b>Total Operating Expenses</b>	<b>\$20225000</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1355000	Total Assets	\$14823000
Net Non-operating Gains over Loss	\$-12000	Total Liabilities	\$6218000
<b>Total Net Gains</b>	<b>\$-1367000</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$21038000	\$11627000	\$9411000
Medicaid	\$5245000	\$3008000	\$2237000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17097000	\$8353000	\$8744000
Total	\$43380000	\$22988000	\$20392000

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5000	\$-5000

**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	\$0	\$0
Hospital Patients	\$3000	\$63000	\$-60000
Community Education	\$0	\$5000	\$-5000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	3417
Number of Citizens Exposed to Health Education Messages	378

**Statement Six: Charity Statement**

Hospital Charity Charges	\$1798000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$681000	
HCI Payments	\$0		
Subtotal	\$0	\$681000	\$-681000
Medicaid Shortfalls	\$1472000	\$2736000	
Subtotal	\$1472000	\$3417000	\$-1945000
DSH Payments	\$0		
Subtotal	\$1472000	\$3417000	\$-1945000
Medicare Shortfalls	\$8502000	\$7973000	
Other Government Programs	\$0	\$0	
Total	\$9974000	\$11390000	\$-1416000

**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	\$7461	\$-7461
Other Allocations	\$0	\$0	\$0