



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 WEST HOSPITAL

City of Hospital: Avon

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

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

Medicare Provider Number: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$172791000	Contractual Allowance	\$220722000
Outpatient Patient Service Revenue	\$217968000	Other Deductions	\$21299000
Total Gross Patient Service Revenue	\$390759000	Total Deductions	\$242021000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$148738000
Other Operating Revenue	\$6577000
Total Operating Revenue	\$155315000

4. Operating Expenses

Salaries and Wages	\$42499000	Employee Benefits	\$10270000
Depreciation and Amortization	\$8233000	Interest Expense	\$9994000
Bad Debt	\$11053000	Other Expenses	\$50279000
Total Operating Expenses	\$132328000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22987000	Total Assets	\$185039000
Net Non-operating Gains over Loss	\$2757000	Total Liabilities	\$176852000
Total Net Gains	\$25744000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$147130000	\$98982000	\$48148000
Medicaid	\$41392000	\$28937000	\$12455000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$202237000	\$92803000	\$109434000
Total	\$390759000	\$220722000	\$170037000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$43000	\$185000	\$-142000

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	\$4000	\$15000	\$-11000
Community Education	\$0	\$4000	\$-4000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	1535
Number of Citizens Exposed to Health Education Messages	323

Statement Six: Charity Statement

Hospital Charity Charges	\$16376000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5076000	
HCI Payments	\$0		
Subtotal	\$0	\$5076000	\$-5076000
Medicaid Shortfalls	\$8817000	\$14087000	
Subtotal	\$8817000	\$19163000	\$-10346000
DSH Payments	\$0		
Subtotal	\$8817000	\$19163000	\$-10346000
Medicare Shortfalls	\$38597000	\$45610000	
Other Government Programs	\$0	\$0	
Total	\$47414000	\$64773000	\$-17359000

Statement Seven: Subsidized Health Services for the Community
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	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	\$471000	\$-471000
Other Allocations	\$0	\$0	\$0