



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$77953731
Outpatient Patient Service Revenue	\$140554528
Total Gross Patient Service Revenue	\$218508259

2. Deductions From Revenue

Contractual Allowance	\$97173101
Other Deductions	\$1616132
Total Deductions	\$98789233

3. Total Operating Revenue

Net Patient Service Revenue	\$119719026
Other Operating Revenue	\$1597299
Total Operating Revenue	\$121316325

4. Operating Expenses

Salaries and Wages	\$19716146	Employee Benefits	\$4371392
Depreciation and Amortization	\$1717365	Interest Expense	\$135045
Bad Debt	\$1718552	Other Expenses	\$52201890
Total Operating Expenses	\$79860390		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$41455935	Total Assets	\$43110940
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$11655203
Total Net Gains	\$41455935		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$53936750	\$20550916	\$33385834
Medicaid	\$4086470	\$3128384	\$958086
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$160485039	\$75109933	\$85375106
Total	\$218508259	\$98789233	\$119719026

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$17928	\$-17928

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$10639	\$4751	\$5888

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	\$69962	\$-69962
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	1132
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$6511751
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$2276759	\$2427467	
HCI Payments	\$0		
Subtotal	\$2276759	\$2427467	\$-150708
Medicaid Shortfalls	\$744136	\$1499954	
Subtotal	\$3020895	\$3927421	\$-906526
DSH Payments	\$0		
Subtotal	\$3020895	\$3927421	\$-906526
Medicare Shortfalls	\$16669904	\$20707383	
Other Government Programs	\$0	\$0	
Total	\$19690799	\$24634804	\$-4944005

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