



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 BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

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

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

Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$342442708
Outpatient Patient Service Revenue	\$362157540
Total Gross Patient Service Revenue	\$704600248

2. Deductions From Revenue

Contractual Allowance	\$348116162
Other Deductions	\$27511839
Total Deductions	\$375628001

3. Total Operating Revenue

Net Patient Service Revenue	\$328972247
Other Operating Revenue	\$9592000
Total Operating Revenue	\$338564247

4. Operating Expenses

Salaries and Wages	\$121846490	Employee Benefits	\$38096629
Depreciation and Amortization	\$17426213	Interest Expense	\$2652156
Bad Debt	\$22937017	Other Expenses	\$103382673
Total Operating Expenses	\$306341178		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$32223069	Total Assets	\$339277592
Net Non-operating Gains over Loss	\$-3765543	Total Liabilities	\$105999692
Total Net Gains	\$28457526		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$319213165	\$221589625	\$97623540
Medicaid	\$77687008	\$58593433	\$19093575
Other Government	\$0	\$0	\$0
Other State	\$7816282	\$5855251	\$1961031
Other Payers	\$299883793	\$89589692	\$210294101
Total	\$704600248	\$375628001	\$328972247

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$231425	\$-231425

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	\$1600	\$391444	\$-389844
Hospital Patients	\$0	\$158899	\$-158899
Community Education	\$21456	\$714589	\$-693133

Number of Medical Professionals Trained	2754
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	69395

Statement Six: Charity Statement

Hospital Charity Charges	\$27511839
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10065234	
HCI Payments	\$0		
Subtotal	\$0	\$10065234	\$-10065234
Medicaid Shortfalls	\$19093576	\$29881280	
Subtotal	\$19093576	\$39946514	\$-20852938
DSH Payments	\$0		
Subtotal	\$19093576	\$39946514	\$-20852938
Medicare Shortfalls	\$90595126	\$115456315	
Other Government Programs	\$1961031	\$2423490	
Total	\$111649733	\$157826319	\$-46176586

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$5071594	\$9491074	\$-4419480
Community Assessment	\$0	\$492724	\$-492724
Provision of Taxes	\$0	\$-263345	\$263345
Other Allocations	\$0	\$0	\$0