



## 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 NORTH HOSPITAL

*City of Hospital:* Carmel

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

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

*Medicare Provider Number:* 15-0161

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$294328000
Outpatient Patient Service Revenue	\$225764000
Total Gross Patient Service Revenue	\$520092000

#### 2. Deductions From Revenue

Contractual Allowance	\$287484000
Other Deductions	\$8006000
Total Deductions	\$295490000

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$224602000
Other Operating Revenue	\$5337000
Total Operating Revenue	\$229939000

#### 4. Operating Expenses

Salaries and Wages	\$64355000	Employee Benefits	\$16388000
Depreciation and Amortization	\$11704000	Interest Expense	\$15519000
Bad Debt	\$7413000	Other Expenses	\$86396000
Total Operating Expenses	\$201775000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$28164000	Total Assets	\$245445000
Net Non-operating Gains over Loss	\$77000	Total Liabilities	\$264639000
Total Net Gains	\$28241000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$143504000	\$114416000	\$29088000
Medicaid	\$44223000	\$41242000	\$2981000
Other Government	\$8170000	\$5970000	\$2200000
Other State	\$0	\$0	\$0
Other Payers	\$324195000	\$133862000	\$190333000
Total	\$520092000	\$295490000	\$224602000

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$94000	\$-94000

### 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	\$13487	\$-13487
Hospital Patients	\$69000	\$315000	\$-246000
Community Education	\$0	\$17052	\$-17052

Number of Medical Professionals Trained	66
Number of Hospital Patients Educated	6850
Number of Citizens Exposed to Health Education Messages	1551

### Statement Six: Charity Statement

Hospital Charity Charges	\$8006000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2994000	
HCI Payments	\$0		
Subtotal	\$0	\$2994000	\$-2994000
Medicaid Shortfalls	\$10776000	\$18237000	
Subtotal	\$10776000	\$21231000	\$-10455000
DSH Payments	\$0		
Subtotal	\$10776000	\$21231000	\$-10455000
Medicare Shortfalls	\$26192000	\$44104000	
Other Government Programs	\$0	\$0	
Total	\$36968000	\$65335000	\$-28367000

### 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	\$2885000	\$-2885000
Other Allocations	\$0	\$0	\$0