



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: WISHARD HEALTH SERVICES

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: 150024

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$427034225
Outpatient Patient Service Revenue	\$607946715
Total Gross Patient Service Revenue	\$1034980940

2. Deductions From Revenue

Contractual Allowance	\$443059167
Other Deductions	\$0
Total Deductions	\$443059167

3. Total Operating Revenue

Net Patient Service Revenue	\$245741170
Other Operating Revenue	\$32696281
Total Operating Revenue	\$278437451

4. Operating Expenses

Salaries and Wages	\$203386002	Employee Benefits	\$64698856
Depreciation and Amortization	\$48982598	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$202910220
Total Operating Expenses	\$519977676		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-24154022	Total Assets	\$203748000
Net Non-operating Gains over Loss	\$194495144	Total Liabilities	\$93307000
Total Net Gains	\$170341122		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$229875429	\$115846835	\$114028594
Medicaid	\$242496087	\$239756344	\$2739743
Other Government	\$391530326	\$346180603	\$45349723
Other State	\$0	\$0	\$0
Other Payers	\$171079098	\$87455988	\$83623110
Total	\$1034980940	\$789239770	\$245741170

Statement Three: Donations Statement

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

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	\$16698313	\$21211247	\$-4512934
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	215.43
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$154239363
--------------------------	-------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$2907687	\$105521554	
HCI Payments	\$0		
Subtotal	\$2907687	\$105521554	\$-102613867
Medicaid Shortfalls	\$48625496	\$0	
Subtotal	\$51533183	\$0	\$51533183
DSH Payments	\$80,570,775		
Subtotal	\$132103958	\$0	\$132103958
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$132103958	\$0	\$132103958

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